

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024611

FILED
Apr 20, 2005
Secretary of State

Entity Name: CREATIVE INVESTMENT GROUP OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

601 CANNE PLACE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

601 CANNE PLACE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 03-0488633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTRIA, ARNOLD
601 CANNE PLACE
CELEBRATION, FL 32747 US

Name and Address of New Registered Agent:

AUSTRIA, ARNOLD MGR
601 CANNE PLACE
CELEBRATION, FL 32747 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ARNOLD AUSTRIA

04/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: AUSTRIA, ARNOLD
Address: 601 CANNE PL
City-St-Zip: CELEBRATION, FL 34747

Title: P (X) Delete
Name: GAW, PATRICIA
Address: 403 SYCAMORE
City-St-Zip: CELEBRATION, FL 34747

Title: P () Delete
Name: KELLY, KATHERINE
Address: 1239 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: P (X) Delete
Name: WILSON, EILEEN
Address: 205 ROBIN LEE ROAD
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AUSTRIA, ARNOLD MGR
Address: 601 CANNE PL
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KELLY, KATHERINE
Address: 1239 CELEBRATION AVE.
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARNOLD AUSTRIA

MGR

04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date