

AMENDED

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

07-28-2003 90066 044 \*\*\*\*50.00  
05-27-2003 90057 003 \*\*\*\*50.00

FILED L02000024611  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 28 AM 9:31 W 8/19

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DOCUMENT # L02000024611  
1. Entity Name  
CREATIVE INVESTMENT GROUP OF CENTRAL FLORIDA, LL  
C



Principal Place of Business Mailing Address  
601 CANNE PLACE 601 CANNE PLACE  
CELEBRATION FL 34747 CELEBRATION FL 34747

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
AUSTRIA, ARNOLD  
601 CANNE PLACE  
CELEBRATION FL 32747  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE [Signature] DATE 7/23/03  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ARNOLD AUSTRIA 601 CANNE PLACE CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JAYNE CARLSON 908 WATERSIDE DRIVE CELEBRATION, FL 34747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT PATRICIA CAW 403 SYCAMORE CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT BOB GUIDICE 563 CAMPUCE ST. CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT KATHERINE KELLY 1239 CELEBRATION AVE. CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT ELLEN WILSON 205 ROBIN LEE ROAD OVLAND, FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	

I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CF2E083 (4/03)