

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000031442

1. Entity Name
CREATIVE METALIZED PRODUCTS, LLC



Principal Place of Business
**4001 PEMBROKE RD.
HOLLYWOOD, FL 33021**

Mailing Address
**4001 PEMBROKE RD.
HOLLYWOOD, FL 33021**



04172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0348912

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AUERBACH, MARC H
201 S BISCAYNE BLVD
SUITE 2000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARLENE LINDA PROGESH
3101 SW 25 ST., #108
PEMBROKE PARK, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KLAPPHOLZ, MARIO
4040 LA PLAYA BLVD.
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PROGOSH, LORNE
3101 SW 25TH ST., #108
PEMBROKE PARK, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U00000530802
05/06/06-80005-032 55.00**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 17/06 **954-893-2115**