

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 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**



04302007No 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.

U00000757543  
05/23/07-80076-001 55.00

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, 2007**

**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

**DO NOT WRITE  
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 30/07* 954-893-7115