

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029943

FILED
Jan 10, 2005
Secretary of State

Entity Name: COLLABORATIVE RESOURCES LLC

Current Principal Place of Business:

11762 OSPREY POINTE CIR.
WELLINGTON, FL 33467

New Principal Place of Business:

601 NORTH CONGRESS AVENUE
SUITE 104A
DELRAY BEACH, FL 33445

Current Mailing Address:

11762 OSPREY POINTE CIR.
WELLINGTON, FL 33467

New Mailing Address:

601 NORTH CONGRESS AVENUE
SUITE 104A
DELRAY BEACH, FL 33445

FEI Number: 20-0148481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

STITT, BRADLEY J MR.
11762 OSPREY POINTE CIRCLE
WELLINGTON, FL 33467 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: BRADLEY J. STITT

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STITT, BRADLEY J
Address: 11762 OSPREY POINTE CIR.
City-St-Zip: WELLINGTON, FL 33467

Title: MGR () Delete
Name: DEMARB, DARRIN T
Address: 7900 FAIRWAY TRAIL
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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

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: BRADLEY J. STITT

MGR

01/10/2005

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