

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90260 008 \*\*\*\*50.00

DOCUMENT # L03000035449

1. Entity Name  
CREATIVE MARKETING CONSULTANTS, LLC



Principal Place of Business  
4009 HENDERSON BLVD.  
TAMPA, FL 33629

Mailing Address  
4009 HENDERSON BLVD.  
TAMPA, FL 33629

2. Principal Place of Business  
5133 W. Cypress St.  
Suite, Apt. #, etc.

3. Mailing Address  
3418 W. Sevilla St.  
Suite, Apt. #, etc.  
Tampa, FL



03152006 Chg-LLC CR2E083 (11/05)

City & State  
Tampa, FL

City & State

4. FEI Number  
47-0932080

Applied For  
Not Applicable

Zip  
33607 Country  
USA

Zip  
33629 Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFREIS, DAVID M  
101 E. KENNEDY BLVD., STE. 3000  
TAMPA, FL 33602

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, 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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOFFMAN, PAUL A  
4009 HENDERSON BLVD.  
TAMPA, FL 33629 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HOFFMAN, KELLY A  
4009 HENDERSON BLVD.  
TAMPA, FL 33629 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Paul Hoffman* Kelly Hoffman 3-13-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date (813) 281-7772