2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L03000046177

Entity Name: CREATIVELOGIX, LLC

Current Principal Place of Business:

2006 HEMINGWAY CIRCLE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

2006 HEMINGWAY CIRCLE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 20-0424109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: KAPS, ADAM J
Address: 2006 HEMINGWAY CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM ( ) Delete
Name: SEWALL, BRIAN M
Address: 704 CENTERVALE DR
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: SEWALL, BRIAN M
Address: 653 BLENHEIM LP
City-St-Zip: WINTER SPRINGS, FL 32708

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: ADAM KAPS MGRM 04/13/2005

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