


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050765 1. Entity Name CREATIVE CERAMICS, LLC	
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Principal Place of Business 901 SOUTH THIRD ST FORT PIERCE, FL 34950	Mailing Address 901 SOUTH THIRD ST FORT PIERCE, FL 34950
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DO NOT WRITE IN THIS SPACE



06122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0532346	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOCHSTETTER, ANDREW J 72 S. RIVER ROAD STUART, FL 34996-6428

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000567683
06/27/06-80002-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOCHSTETTER, GREGORY 18988 SE WINDWARD ISLAND LANE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOCHSTETTER, ANDREW 72 S. RIVER RD. STUART, FL 349966428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLOPFER, ROBERT V 2178 JOHNSTOWN RD. NE DOVER, OH 44622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Robert V. Klopfer*

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

6/12/06

Date

332-364-3353

Daytime Phone #

Robert V. Klopfer