2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2004
Secretary of State

DOCUMENT# L03000055222

Entity Name: CREATE LLC

Current Principal Place of Business:

324 CYPRESS LANDING DR
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

324 CYPRESS LANDING DR
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 33-1077810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABROVIC, JOHN L
324 CYPRESS LANDING DR
LONGWOOD, FL 32779

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: GABROVIC, JOHN L
Address: 324 CYPRESS LANDING DR
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: GABROVIC, JOHN L
Address: 324 CYPRESS LANDING DR
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Delete
Name: SADLER, TOM
Address: 9 RIVERVIEW DR
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: GABROVIC, MARK M
Address: 411 NW BROKEN OAK TR
City-St-Zip: JENSEN BEACH, FL 34957

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: JOHN L GABROVIC MGRM 05/24/2004

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