


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-27-2005 90045 001 ****50.00

DOCUMENT # L04000012389	
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1. Entity Name DAVID Z CREATIVE, LLC	Principal Place of Business 1132 N DIXIE HWY LAKE WORTH, FL 33460	Mailing Address 1132 N DIXIE HWY LAKE WORTH, FL 33460
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2. Principal Place of Business 4047 Okeechobee Blvd Suite, Apt. #, etc. Ste 129 City & State West Palm Beach FL Zip 33409-3225 Country USA	3. Mailing Address 4047 Okeechobee Blvd Suite, Apt. #, etc. Ste 129 City & State West Palm Beach FL Zip 33409-3225 Country USA
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04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 84-1680083	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, J. RICHARD 4400 PGA BLVD, STE 800 PALM BEACH GARDENS, FL 33410
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7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZYLSTRA, DAVID J 1132 N DIXIE HWY LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: David Zylstra (561) 4-25-05 539-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #