

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90137 007 ****50.00

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| DOCUMENT # L04000029705 1. Entity Name BERANDA CREATIVE, LLC | | | | | |
| Principal Place of Business 521 CARRIAGE HILLS DRIVE TEMPLE TERRACE, FL 33617 | | | Mailing Address 521 CARRIAGE HILLS DRIVE TEMPLE TERRACE, FL 33617 | | |
| 2. Principal Place of Business 11462 CAPTIVA KAY DRIVE | | 3. Mailing Address 11462 CAPTIVA KAY DRIVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State RIVERVIEW FL | | City & State RIVERVIEW FL | | 4. FEI Number 57-1205348 | |
| Zip 33569 Country USA | | Zip 33569 Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 02072006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent FLEURY, ROBERT W 521 CARRIAGE HILLS DRIVE TEMPLE TERRACE, FL 33617 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11462 CAPTIVA KAY DRIVE City RIVERVIEW FL Zip Code 33569 | | |
| 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 <u><i>Robert W Fleury</i></u> ROBERT W FLEURY, MGRM DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLEURY, ROBERT W 521 CARRIAGE HILLS DRIVE TEMPLE TERRACE, FL 33617 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLEURY, ANN M 521 CARRIAGE HILLS DRIVE TEMPLE TERRACE, FL 33617 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 606, Florida Statutes. | | | | | |
| SIGNATURE: <u><i>Robert W Fleury</i></u> ROBERT W FLEURY | | | Date 2/15/06 Daytime Phone # 813 741 2943 | | |