

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90039 001 \*\*\*\*50.00

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03082007 Chg-LLC CR2E083 (12/06)

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>DOCUMENT # L04000045326</b><br>1. Entity Name<br><b>CREATIVE ENTERPRISES, LLC</b>   |  |  |   |   |   |
| Principal Place of Business<br><b>2908 OCEAN DRIVE<br/>VERO BEACH, FL 32963</b>  |  |  | Mailing Address<br><b>2908 OCEAN DRIVE<br/>VERO BEACH, FL 32963</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |   |   |
| City & State   |  | City & State   |   | 4. FEI Number<br><b>20-0505051</b>  |   |
| Zip  |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>FLEMING, LYNDELL R<br/>2908 OCEAN DRIVE<br/>VERO BEACH, FL 32963</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____  |  |  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>FLEMING, LYNDELL R<br>2908 OCEAN DRIVE<br>VERO BEACH, FL 32963 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>FREEMAN, SANDRA K<br>2908 OCEAN DRIVE<br>VERO BEACH, FL 32963  | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |
| 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. |  |  |   |   |   |
| <b>SIGNATURE:</b> <i>Sandra Freeman</i>  |  |  | Date: <i>4/7/07</i> Daytime Phone #: <i>(772)231-4803</i>           |   |   |