

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046789

FILED
Apr 28, 2008
Secretary of State

Entity Name: CREATIVE BUSINESS DESIGN, LLC

Current Principal Place of Business:

1416 DONNELLY STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

335 CLAYTON STREET
MOUNT DORA, FL 32757

Current Mailing Address:

P. O. BOX 575
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 83-0399135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARSHAW, CAROLE
1416 DONNELLY STREET
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

WARSHAW, CAROLE
335 N CLAYTON STREET
MOUNT DORA, FL 32757 US

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: _____ 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WARSHAW, CAROLE
Address: 1416 DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR () Delete
Name: TRIMBLE, JANE E
Address: 1416 DONNELLY STREET
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARSHAW, CAROLE
Address: 335 N CLAYTON STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR (X) Change () Addition
Name: TRIMBLE, JANE E
Address: 335 N CLAYTON STREET
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JANE E. TRIMBLE MGR 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date