

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050318

Entity Name: CREATIVE HAND, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

199 OAKWOOD DRIVE  
NAPLES, FL 34110

**New Principal Place of Business:**

7935 AIRPORT - PULLING RD  
SUITE 4  
NAPLES, FL 34109

**Current Mailing Address:**

PO BOX 110895  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 65-1230438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUSTIN, ARLENE F  
5811 PELICAN BAY BLVD., SUITE 201  
NAPLES, FL 34108 US

**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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GILBERT, JENNIFER R  
Address: 199 OAKWOOD DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete  
Name: GILBERT, ROBERT S  
Address: 199 OAKWOOD DRIVE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GILBERT, JENNIFER R  
Address: 7935 AIRPORT - PULLING RD SUITE 4  
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Change ( ) Addition  
Name: GILBERT, ROBERT S  
Address: 7935 AIRPORT - PULLING RD SUITE 4  
City-St-Zip: NAPLES, FL 34109

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: JENNIFER GILBERT

MRS

04/15/2009

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