


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90347 004 \*\*\*\*50.00

DOCUMENT # L04000060418		
1. Entity Name <u>Luis Gonzalez</u> CUSTOM CREATIONS, LLC		

Principal Place of Business 2111 GIRALDA ST PORT CHARLOTTE FL 33952 <u>2111 Giralda St</u>	Mailing Address 2111 GIRALDA ST PORT CHARLOTTE FL 33952
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2. Principal Place of Business Suite, Apt. #, etc. <u>Port Charlotte</u> City & State <u>FL</u> Zip <u>33952</u>	3. Mailing Address <u>2111 Giralda St</u> Suite, Apt. #, etc. <u>Port Charlotte</u> City & State <u>FL</u> Zip <u>33952</u>	Country <u>FL</u>
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1st MOORE CR2E083 (10/04)

4. FEI Number <u>582-27-0937</u>		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  GONZALEZ, LUIS C 2111 GIRALDA ST PORT CHARLOTTE FL 33952		
7. Name and Address of New Registered Agent Name <u>SOME</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> 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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 3-8-05

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONZALEZ, LUIS C 2111 GIRALDA ST PORT CHARLOTTE FL 33952 <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
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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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

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: [Signature] DATE 3-8-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #