

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061216

FILED
Apr 05, 2007
Secretary of State

Entity Name: CREATIVE HOME SOLUTIONS & INVESTMENTS, LLC.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-2683898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ROBERTO
2199 PONCE DE LEON BLVD.
200
CORAL GABLES, FL 33134 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: MGR () Delete
Name: GONZALEZ, ROBERTO
Address: 2199 PONCE DE LEON BLVD., STE 200MGR
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GONZALEZ, SOTERO F
Address: 1600 SW 16 AVE
City-St-Zip: MIAMI, FL 33145 US

Title: MGR () Delete
Name: TORRES, ANTHONY J
Address: 3101 NICHOLSON DRIVE
City-St-Zip: WINTERPARK, FL 32792 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO GONZALEZ MGR 04/05/2007

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