

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000063345

FILED  
Aug 30, 2005  
Secretary of State

**Entity Name:** CREATIVE REAL ESTATE NATIONAL NETWORK, LLC

**Current Principal Place of Business:**

207 LORUNA DRIVE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

207 LORUNA DRIVE  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

THOMPSON, MARY LYNN  
207 LORUNA DRIVE  
GULF BREEZE, FL 32561      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:                      THOMPSON, MARY LYNN  
Address:                      207 LORUNA DRIVE  
City-St-Zip:                      GULF BREEZE, FL 32561

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MS                      (X) Change ( ) Addition  
Name:                      THOMPSON, MARY LYNN  
Address:                      207 LORUNA DRIVE  
City-St-Zip:                      GULF BREEZE, FL 32561

Title:                      MR.                      ( ) Change (X) Addition  
Name:                      GUY, RONALD  
Address:                      2708 ASHBURY LANE  
City-St-Zip:                      CANTONMENT, FL 32533

Title:                      MR.                      ( ) Change (X) Addition  
Name:                      MILLS, ROBERT  
Address:                      4491 WHISPER DRIVE  
City-St-Zip:                      PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY LYNN THOMPSON                      MGR                      08/30/2005

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