## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 06, 2005 8:00 am Secretary of State DOCUMENT # L04000064726 1. Entity Name 04-22-2005 90043 030 \*\*\*\*50.00 CREATIVE COASTAL DEVELOPMENT, L.L.C. Mailing Address Principal Place of Business 1962 CENTERVILLE ROAD P.O. BOX 15964 30005662 TALLAHASSEE FL 32308 TALLAHASSEE FL 32317-3848 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E083 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 10-1650 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 32317-5964 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHICK, MARTIN J JR. Street Address (P.O. Box Number is Not Acceptari-1962 CENTERVILLE ROAD TALLAHASSEE FL 32308 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 Fronds of am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little 4 applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES HILE PRSSIDENT Change Addition ☐ Delate NAME MARTINI J. CHICK, JR. STREET ADDRESS 1962 CENTREVILL ROAD STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Chance ☐ Addition THUE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIT - ST-ZIP ☐ Addition Change tite: Delete HAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-219 CIT - 51-21P Addition Change MI; E Delete 11114 NAME NAV: STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE 1003 NAVE STREET ADDRESS SZEROCA 139412 City 51-78 \$11 ST 21P Change Delete ☐ Addition $\{0,\xi$ UTLE

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

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