

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079054

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: CREATIVELOGIC, LLC

**Current Principal Place of Business:**

7081 GRAND NATIONAL DR.  
SUITE 103  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7081 GRAND NATIONAL DR.  
SUITE 103  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-1773549      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MOORE, MICHAEL L ESQ.  
640 NORTH HILLSIDE AVE.  
ORLANDO, FL 32803 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: MILES, ERIC  
Address: 4834 GAMLING LN.  
City-St-Zip: ORLANDO, FL 32821

Title: MGR ( ) Delete  
Name: MILES, ANGELA  
Address: 4834 GAMLING LN.  
City-St-Zip: ORLANDO, FL 32821

Title: MGR ( ) Delete  
Name: ECK, STEPHANIE  
Address: 8719 ESPLANADE BLDG. 12  
City-St-Zip: ORLANDO, FL 32836

**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 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: ERIC MILES

MGRM

03/17/2008

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