

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90051 002 \*\*\*\*50.00



|   |   |
|---|---|
| DOCUMENT # L04000082065   |   |
| 1. Entity Name<br><b>CREATIVE CONTRACTORS L.L.C.</b>                                      |   |
| Principal Place of Business<br><b>2649 SETTLERS COLONY BLVD.<br/>GULF BREEZE FL 32563</b> | Mailing Address<br><b>2649 SETTLERS COLONY BLVD.<br/>GULF BREEZE FL 32563</b> |
| 2. Principal Place of Business<br><b>SAME</b>   | 3. Mailing Address<br><b>SAME</b>   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |
| City & State  | City & State  |
| Zip   | Country   |



1st MOORE CR2E083 (10/04)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-2283456</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent<br><b>LAIRD, PETER A<br/>2649 SETTLERS COLONY BLVD.<br/>GULF BREEZE FL 32563</b> |  | 7. Name and Address of New Registered Agent        |          |
| Name   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |  | <b>FL</b>  | Zip Code |

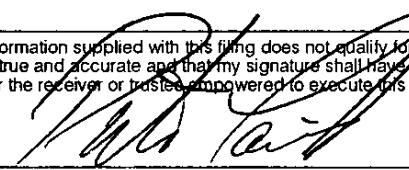
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR<br/>LAIRD, PETER A<br/>2649 SETTLERS COLONY BLVD.<br/>GULF BREEZE FL 32563</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 19.07(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:**  **4/25/05 850-916-3593**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #