

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082065

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: CREATIVE CONTRACTORS L.L.C.

**Current Principal Place of Business:**

336 VALENCIA STREET  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

336 VALENCIA STREET  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 20-2283456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAIRD, PETER A  
336 VALENCIA STREET  
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: LAIRD, PETER A  
Address: 336 VALENCIA STREET  
City-St-Zip: GULF BREEZE, FL 32561

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: LAIRD, THERESA M  
Address: 336 VALENCIA ST.  
City-St-Zip: GULF BREEZE, FL 32561

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: PETER A. LAIRD

MGR.

01/15/2009

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