

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086591

FILED  
May 11, 2006  
Secretary of State

**Entity Name:** CENTRAL FLORIDA CREATIVE PRODUCTIONS LLC

**Current Principal Place of Business:**

550 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 20-1934104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PERRELLI, ANTHONY  
550 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779 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: PERRELLI, ANTHONY  
Address: 550 SABAL TRAIL CIRCLE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR ( ) Delete  
Name: PERRELLI, CHRISTINE  
Address: 550 SABAL TRAIL CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

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 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: ANTHONY PERRELLI

MGR

05/11/2006

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