


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90357 039 \*\*\*\*50.00

DOCUMENT # L04000088300		
1. Entity Name CREATIVE JUICE FACTORY LLC		

Principal Place of Business 2458 MAPLEWOOD AVE WINSTON SALEM, NC 27103 US	Mailing Address 2458 MAPLEWOOD AVE WINSTON SALEM, NC 27103 US
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40100140

2. Principal Place of Business - No P.O. Box # 533 7TH AVE. N.	3. Mailing Address 533 7TH AVE. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212007 Chg-LLC CR2E083 (12/06)

City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33701	Zip 33701
Country USA	Country USA

4. FEI Number 20-2669395	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ELIZABETH G. BOURLON, PA 5533 CENTRAL AVE STE B ST. PETERSBURG, FL 33710	
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7. Name and Address of New Registered Agent Name ELIZABETH G. BOURLON PA Street Address (P.O. Box Number is Not Acceptable) 553 7TH AVE. N. City ST. PETERSBURG FL Zip Code 33701	
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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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARCARIO, JAMIE L 2458 MAPLEWOOD AVE 533 7TH AVE. N. WINSTON SALEM, NC 27103 ST PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARCARIO, ROBERT J 2458 MAPLEWOOD AVE 533 7TH AVE. N. WINSTON SALEM, NC 27103 ST PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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 	Robert J. Marcario	Date 4/30/07	Daytime Phone # 727-388-4898
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