

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091461

Entity Name: DE-LIN CREATIVE, LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

6636 SUMMER COVE DR
RIVERVIEW, FL 33569 US

New Principal Place of Business:

4441 MCINTOSH LAKE AVE
SARASOTA, FL 34233 US

Current Mailing Address:

6636 SUMMER COVE DR
RIVERVIEW, FL 33569 US

New Mailing Address:

4441 MCINTOSH LAKE AVE
SARASOTA, FL 34233 US

FEI Number: 20-2078160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVEGGI, ANDRA Z CPA
6740 CROSSWINDS DR N
SUITE L-2
ST. PETERSBURG, FL 33710 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: DE-LIN, KEITH
Address: 6636 SUMMER COVE DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM () Delete
Name: DE-LIN, STACY
Address: 6636 SUMMER COVE DR
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE-LIN, KEITH
Address: 4441 MCINTOSH LAKE AVE
City-St-Zip: SARASOTA, FL 34233 US

Title: MGRM (X) Change () Addition
Name: DE-LIN, STACY
Address: 4441 MCINTOSH LAKE AVE
City-St-Zip: SARASOTA, FL 34233 US

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: KEITH DE-LIN

MGRM

01/10/2006

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