

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000760

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: CREATEABILITY MEDICAL, LLC

**Current Principal Place of Business:**

11125 PARK BLVD  
SUITE 104-317  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

8631 117TH ST. N  
SEMINOLE, FL 33772 US

**Current Mailing Address:**

11125 PARK BLVD  
SUITE 104-317  
SEMINOLE, FL 33772 US

**New Mailing Address:**

8631 117TH ST. N  
SEMINOLE, FL 33772 US

FEI Number: 20-2087595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDER, CYRENE  
11125 PARK BLVD  
SUITE 104-317  
SEMINOLE, FL 33772 US

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

SHEEHAN, CYRENE  
8631 117TH ST. N  
SEMINOLE, FL 33772 US

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: CYRENE SHEEHAN

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALDER, CYRENE  
Address: 11125 PARK BLVD STE 104-317  
City-St-Zip: SEMINOLE, FL 33772 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHEEHAN, CYRENE  
Address: 8631 117TH ST. N  
City-St-Zip: SEMINOLE, FL 33772 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: CYRENE SHEEHAN

MGR

04/28/2006

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