

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004692

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** CREATIVE DEVELOPMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

1065 NE 125TH STREET  
SUITE 405  
N. MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

1065 NE 125TH STREET  
SUITE 405  
N. MIAMI, FL 33161 US

**New Mailing Address:**

FEI Number: 04-3803863      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

OTERO, MAXINE  
1065 NE 125TH STREET  
SUITE 405  
N. MIAMI, FL 33161 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEGAL, SCOTT D  
Address: 1065 NE 125TH STREET, SUITE 405  
City-St-Zip: N. MIAMI, FL 33161 US

Title: MGRM ( ) Delete  
Name: SEGAL, JOANNA  
Address: 1065 NE 125TH STREET, SUITE 405  
City-St-Zip: N. MIAMI, FL 33161 US

**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 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: SCOTT SEGAL

MGMR

07/02/2007

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