


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90419 047 \*\*\*\*50.00

<b>DOCUMENT # L05000014300</b>	
1. Entity Name <b>CREATIVE WOODWORKING LLC</b>	

Principal Place of Business <b>185 NUNN DR CRESTVIEW, FL 32536</b>	Mailing Address <b>185 NUNN DR CRESTVIEW, FL 32536</b>
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**20010647**

2. Principal Place of Business <b>8060 Steel Mill Creek Rd.</b>	3. Mailing Address <b>8060 Steel Mill Creek Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

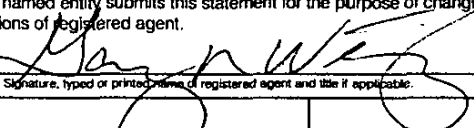
City & State <b>Lakeland FL</b>	City & State <b>Lakeland FL</b>
Zip <b>32507</b>	Country <b>OKALOOSA</b>
Zip <b>32507</b>	Country <b>OKALOOSA</b>

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-8320724</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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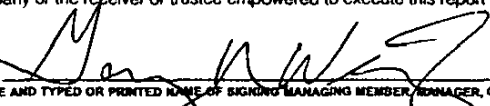
6. Name and Address of Current Registered Agent <b>WEISZ, GARY 185 NUNN DR CRESTVIEW, FL 32536</b>		7. Name and Address of New Registered Agent Name <b>WEISZ, GARY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8060 Steel Mill Creek Rd.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>32507</b>	
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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 	DATE <b>2/22/06</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEISZ, GARY 185 NUNN DR CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 606, Florida Statutes.	
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SIGNATURE: 	DATE <b>2/22/06</b>	DAYTIME PHONE # <b>850-546-0409</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		