2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L05000045417

Entity Name: CREATIVE PARTNERS INVESTMENT GROUP LLC

Current Principal Place of Business:

4442 STONEMEADOW DRIVE
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

4442 STONEMEADOW DRIVE
ORLANDO, FL 32826

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, NORDENE
4442 STONEMEADOW DRIVE
ORLANDO, FL 32826 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:	SIMPSON, JOHN	
Address:	511 ADAMS STREET	
City-St-Zip:	BOSTON, MA 02122	
Title:	MGRM	( ) Delete
Name:	DIXON, DONOVAN	
Address:	4442 STONEMEADOW DRIVE	
City-St-Zip:	ORLANDO, FL 32826	
Title:	MGRM	( ) Delete
Name:	SIMPSON, PETER	
Address:	45 OLD MORTON STREET	
City-St-Zip:	MATTAPAN, MA 02126	
Title:	MGRM	( ) Delete
Name:	SIMPSON, KENNETH	
Address:	50 MASASOIT COURT	
City-St-Zip:	MATTAPAN, MA 02126	
Title:	MGRM	( ) Delete
Name:	DIXON, NORDENE	
Address:	4442 STONEMEADOW DRIVE	
City-St-Zip:	ORLANDO, FL 32826	
Title:	MGRM	( ) Delete
Name:	SIMPSON, CLIFTON	
Address:	146 MORELAND STREET	
City-St-Zip:	BOSTON, MA 02119	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: NORDENE DIXON MGRM 04/25/2006

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