

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045417

FILED  
Apr 25, 2007  
Secretary of State

**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    (X) Delete  
Name: SIMPSON, PETER  
Address: 45 OLD MORTON STREET  
City-St-Zip: MATTAPAN, MA 02126

Title: MGRM    (X) Delete  
Name: SIMPSON, KENNETH  
Address: 50 MASASOIT COURT  
City-St-Zip: MATTAPAN, MA 02126

Title: MGRM    (X) Delete  
Name: DIXON, NORDENE  
Address: 4442 STONEMEADOW DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: MGRM    (X) Delete  
Name: SIMPSON, CLIFTON  
Address: 146 MORELAND STREET  
City-St-Zip: BOSTON, MA 02119

**ADDITIONS/CHANGES:**

Title: M    (X) Change ( ) Addition  
Name: DIXON, NORDENE E  
Address: 4442 STONEMEADOW DRIVE  
City-St-Zip: ORLANDO, FL 32826

Title: MM    (X) Change ( ) Addition  
Name: DIXON, DONOVAN A  
Address: 4442 STONEMEADOW DRIVE  
City-St-Zip: ORLANDO, FL 32826

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 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 E DIXON

M

04/25/2007

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