2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2008
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:

19005 MAJESTIC STREET
ORLANDO, FL 32833

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:

DIXON, NORDENE E
19005 MAJESTIC STREET
ORLANDO, FL 32833 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: NORDENE E DIXON 03/15/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition
Name: DIXON, NORDENE E
Address: 19005 MAJESTIC STREET
City-St-Zip: ORLANDO, FL 32833

Title: MM (X) Change ( ) Addition
Name: DIXON, DONOVAN A
Address: 19005 MAJESTIC STREET
City-St-Zip: ORLANDO, FL 32833

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 MM 03/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date