

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048050

Entity Name: CREATIONATION, LLC

FILED
Jul 28, 2008
Secretary of State

Current Principal Place of Business:

433 W. NEW ENGLAND AVE.
APT. #205
WINTER PARK, FL 32789

New Principal Place of Business:

835 DOUGLAS AVE
WINTER PARK, FL 32789

Current Mailing Address:

433 W. NEW ENGLAND AVE.
APT. #205
WINTER PARK, FL 32789

New Mailing Address:

835 DOUGLAS AVE
WINTER PARK, FL 32789

FEI Number: 20-2837373 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:

SLIGAR, WILLIAM B
433 W. NEW ENGLAND AVE.
APT. #205
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SLIGAR, WILLIAM B
835 DOUGLAS AVE
WINTER PARK, FL 32789 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: WILLIAM BLAIR SLIGAR

07/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLIGAR, WILLIAM B
Address: 433 W. NEW ENGLAND AVE. #205
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLIGAR, WILLIAM B
Address: 835 DOUGLAS AVE
City-St-Zip: WINTER PARK, FL 32789

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: WILLIAM BLAIR SLIGAR

MGR

07/28/2008

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