2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L05000049959

Entity Name: CREATIVE CONCRETE RENOVATIONS LLC

Current Principal Place of Business:

535 HARWOOD AVENUE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

535 HARWOOD AVENUE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 20-3812743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOCH, SCOTT J PRES
535 HARWOOD AVENUE
SATELLITE BEACH, FL 32937 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: PRES ( ) Delete
Name: KOCH, SCOTT J
Address: 535 HARWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPRE ( ) Delete
Name: LENZ, WINSTON E
Address: 3255 JUPITER BLVD SE
City-St-Zip: PALM BAY, FL 32909

Title: V (X) Delete
Name: LEISER, SCOTT
Address: 535 HARWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPRE (X) Change ( ) Addition
Name: LEISER, SCOTT
Address: 535 HARWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

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: SCOTT J KOCH PRES 04/03/2007

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