

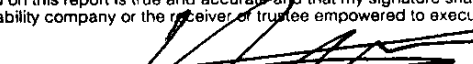


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90070 006 \*\*\*\*50.00

<b>DOCUMENT # L05000053655</b>			
1. Entity Name <b>L &amp; K CREATION, LLC</b>			
Principal Place of Business <b>90 ALTON RD. SUITE 2102 MIAMI BEACH, FL 33139</b>		Mailing Address <b>90 ALTON RD. SUITE 2102 MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business - No P.O. Box # <b>450 Alton Road</b>		3. Mailing Address <b>450 Alton Road</b>	
Suite, Apt. #, etc. <b>2604</b>		Suite, Apt. #, etc. <b>2604</b>	
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>	
Zip <b>33139</b>	Country <b>Miami-dade</b>	Zip <b>33139</b>	Country <b>Miami-dade</b>
6. Name and Address of Current Registered Agent  <b>VIVIES, PATRICK 700 E. DANIA BEACH BLVD., SUITE 202 DANIA, FL 33004</b>		7. Name and Address of New Registered Agent Name <b>DeLaVega and Megade, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Alhambra Plaza</b> <b>Suite 1415</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Filing Fee Is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALIFA, PHILIPPE 90 ALTON RD. SUITE 2102 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 Alton Road Suite 2604 Miami Beach, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

**60014395**



02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-2923834** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required