

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068936

FILED
Apr 30, 2007
Secretary of State

Entity Name: CARING CREATIONS, LLC

Current Principal Place of Business:

7641 PONTE VERDE WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

7641 PONTE VERDE WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 51-0583952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOKKEN, WENDY M
7641 PONTE VERDE WAY
NAPLES, FL 34109 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: LOKKEN, WENDY M
Address: 7641 PONTE VERDE WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: MANGIAMELE, GWEN
Address: 1131 ENTREVAUX DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55247

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. (X) Change () Addition
Name: LOKKEN, WENDY M
Address: 7641 PONTE VERDE WAY
City-St-Zip: NAPLES, FL 34109

Title: MRS. (X) Change () Addition
Name: MANGIAMELE, GWEN
Address: 1131 ENTREVAUX DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55247

Title: MRS. () Change (X) Addition
Name: CUCKSEY STEPHENS, EDNA
Address: 990 BALDWIN COURT
City-St-Zip: CLARKSTON, MI 48348

Title: MS. () Change (X) Addition
Name: DRESCHER, HEATHER
Address: 271 SOUTHBAY DRIVE #244
City-St-Zip: NAPLES, FL 34108

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: WENDY M LOKKEN

MS.

04/30/2007

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