2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L05000068936

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 ( )**
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:

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:	MS.	( ) Delete
Name:	LOKKEN, WENDY M	
Address:	7641 PONTE VERDE WAY	
City-St-Zip:	NAPLES, FL 34109	
Title:	MRS.	( ) Delete
Name:	MANGIAMELE, GWEN	
Address:	1131 ENTREVAUX DRIVE	
City-St-Zip:	EDEN PRAIRIE, MN 55247	
Title:	MRS.	( ) Delete
Name:	CUCKSEY STEPHENS, EDNA	
Address:	990 BALDWIN COURT	
City-St-Zip:	CLARKSTON, MI 48348	
Title:	MS.	( ) Delete
Name:	DRESCHER, HEATHER	
Address:	271 SOUTHBAY DRIVE #244	
City-St-Zip:	NAPLES, FL 34108	

ADDITIONS/CHANGES:

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

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 LOKKEN MGRM 05/05/2008

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