2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006
Secretary of State

DOCUMENT# L05000093992

Entity Name: CRETEATIONS LLC

Current Principal Place of Business:

908 ROANOKE CT.
FT WALTON BCH, FL 32547 US

New Principal Place of Business:

3003 YORKTOWN CIRCLE
FT WALTON BCH, FL 32547 US

Current Mailing Address:

908 ROANOKE CT.
FT WALTON BCH, FL 32547 US

New Mailing Address:

P.O BOX 4574
FT WALTON BCH, FL 32547 US

FEI Number: **FEI Number Applied For (X)** **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:

WOLF, BEN C
908 ROANOKE CT.
FT WALTON BCH, FL 32547 US

Name and Address of New Registered Agent:

WOLF, BEN C
3003 YORKTOWN CIRCLE
FT WALTON BCH, FL 32547 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: _____ 09/08/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WOLF, BEN C
Address: 908 ROANOKE CT.
City-St-Zip: FT. WALTON BCH, FL 32547 US

Title: MGRM ( ) Delete
Name: MEARNS, MARA S
Address: 908 ROANOKE CT.
City-St-Zip: FT WALTON BCH, FL 32547 US

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WOLF, BEN C MGR
Address: 3003 YORKTOWN CIRCLE
City-St-Zip: FT. WALTON BCH, FL 32547 US

Title: MGRM (X) Change ( ) Addition
Name: MEARNS, MARA S MGRM
Address: 3003 YORKTOWN CIRCLE
City-St-Zip: FT WALTON BCH, FL 32547 US

Title: MNGM ( ) Change (X) Addition
Name: MEARNS, THOMAS M MGRM
Address: 3003 YORKTOWN CIRCLE
City-St-Zip: FT WALTON BCH, FL 32547

Title: MNGM ( ) Change (X) Addition
Name: STRONG, DONALD G MGRM
Address: 33 CAPE DR B-1
City-St-Zip: FT WALTON BCH, FL 32458

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: BEN WOLF MGR 09/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date