

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105095

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Entity Name:** CREATIVE WATERWORKS, LLC

**Current Principal Place of Business:**

1256 ROLLING LN  
CASSELBERRY, FL 32752 US

**New Principal Place of Business:**

1256 ROLLING LN  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

P.O. BOX 520018  
LONGWOOD, FL 32752 US

**New Mailing Address:**

P.O. BOX 162533  
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 20-3711536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, JON  
1256 ROLLING LN  
CASSELBERRY, FL 32707 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: WILLIAMS, JON  
Address: 1256 ROLLING LANE  
City-St-Zip: CASSELBERRY, FL 32707

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, JON  
Address: PO BOX 162533  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: MGR ( ) Change (X) Addition  
Name: SMITH, RICHARD T  
Address: PO BOX 162533  
City-St-Zip: ALTAMONTE SPRING, FL 32716

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: JON WILLIAMS

MGRM

01/16/2008

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