2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121354

Entity Name: CREATIVE ENTERPRISES LLC

FILED May 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12993 HARBORTON DRIVE 5192 NORWOOD AVENUE JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32208

Current Mailing Address: New Mailing Address:

12993 HARBORTON DRIVE 5192 NORWOOD AVENUE JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32208

FEI Number: 56-2579284 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: Name and Address of New Registered Agent:

FAITH, LARRY A

12993 HARBORTON DRIVE

JACKSONVILLE, FL 32224 US

FAITH, LARRY A

1019 W TERRANOVA WAY

ST AUGUSTINE, FL 32092 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: LARRY A FAITH 05/17/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 FAITH, LARRY A
 Name:
 FAITH, LARRY A

 Address:
 12993 HARBORTON DRIVE
 Address:
 1019 W TERRANOVA WAY

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 ST AUGUSTINE, FL 32092

Title: SEC () Delete Title: SEC (X) Change () Addition Name: FAITH, OCTAVIA W FAITH, OCTAVIA W

Name: FAITH, OCTAVIA W
Address: 12993 HARBORTON DRIVE Address: 1019 W TERRANOVA WAY
City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: ST AUGUSTINE, FL 32092

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: LARRY A FAITH OWNE 05/17/2007