2007 LIMITED LIABILITY COMPANY

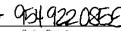
Feb 02, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # L06000070506 02-02-2007 90033 038 ****50.00 CREATIVE COMMUNITY DEVELOPMENT OF SOUTH FLORIDA, L.L.C. Principal Place of Business Mailing Address 1740 SOUTH YOUNG CIRCLE 1740 SOUTH YOUNG CIRCLE HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 CR2E083 (12/06) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, JEREMY A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O COHEN & OWENS, P.A. 2241 HOLLYWOOD BLVD. HOLLYWOOD; FL 33020 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE ☐ Change ☐ Addition MILLER, CYNTHIA B NAME NAME STREET ADDRESS 1740 SOUTH YOUNG CIRCLE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MILLER, WILLIAM S NAME STREET ADDRESS 1740 SOUTH YOUNG CIRCLE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that rty 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 employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP



FILED