


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90187 014 ***138.75

DOCUMENT # L06000076831 1. Entity Name CREATIVE PROPERTY INVESTMENTS, LLC	
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Principal Place of Business 10823 CRESCENT LANE CLERMONT, FL 34711 US	Mailing Address PO BOX 2189 MINNEOLA, FL 34755 US
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DO NOT WRITE IN THIS SPACE

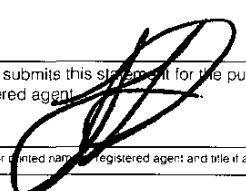


04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5346950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DE BOOM, JUSTIN 10823 CRESCENT LANE CLERMONT, FL 34711

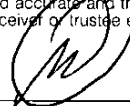
**DO NOT WRITE
IN THIS SPACE**

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  DATE 4-28-08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE BOOM, JUSTIN 10823 CRESCENT LANE 5836 Empire Church Rd CLERMONT, FL 34711 Groveland, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, MICHAEL 2503 GLENFIELD DRIVE GREENCOAST SPRINGS, FL 32043 Green Cove Springs
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 my 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:  DATE 4-28-08 DAYTIME PHONE # 352-243-8619
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>