

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087945

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: THE CREO INSTITUTE, LLC

**Current Principal Place of Business:**

707 S GULFSTREAM AVE, UNIT 701  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

707 S GULFSTREAM AVE, UNIT 701  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 20-5538430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAVES, WANDA V  
2307 S. CLEWIS COURT, APT. 7  
TAMPA, FL 33629 US

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

CHAVES, WANDA V  
707 S. GULFSTREAM AVE., UNIT 701  
SARASOTA, FL 34236 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: WANDA CHAVES

02/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAVES, WANDA V  
Address: 2307 S. CLEWIS CT. #7  
City-St-Zip: TAMPA, FL 33629 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHAVES, WANDA V  
Address: 707 S. GULFSTREAM AVE., UNIT 701  
City-St-Zip: SARASOTA, FL 34236 US

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: WANDA V. CHAVES

MGRM

02/24/2009

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