2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# L06000089728

Entity Name: CREATIVE AQUATICS LLC

Current Principal Place of Business:

5113 EXCELLENCE BLVD.
TAMPA, FL 33617

New Principal Place of Business:

5103 N BOULEVARD
TAMPA, FL 33603

Current Mailing Address:

5113 EXCELLENCE BLVD.
TAMPA, FL 33617

New Mailing Address:

5103 N BOULEVARD
TAMPA, FL 33603

FEI Number: 42-1712936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTON, PATRICK
5113 EXCELLENCE BLVD.
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

MORTON, PATRICK
5103 N BOULEVARD
TAMPA, FL 33603 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: PATRICK MORTON 04/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STEEL, WILLIAM
Address: 495 STERLING RIDGE
City-St-Zip: STOWE, VT 05672

Title: MGRM ( ) Delete
Name: MORTON, PATRICK
Address: 5113 EXCELLENCE BLVD.
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STEEL, WILLIAM
Address: 5103 N BOULEVARD
City-St-Zip: TAMPA, FL 33603

Title: MGRM (X) Change ( ) Addition
Name: MORTON, PATRICK
Address: 5103 N BOULEVARD
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM STEEL MGRM 04/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date