

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106551

FILED  
Aug 22, 2007  
Secretary of State

**Entity Name:** CREATIVE CONNECTIONS CONSULTING, LLC

**Current Principal Place of Business:**

540 CARILLON PARKWAY  
APT. #2039  
SAINT PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 CARILLON PARKWAY  
APT. #2039  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 20-5821632      **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:**

GOLDTHWAITE, LINDSEY C  
26804 SAXONY WAY  
APT. #302  
WESLEY CHAPEL, FL 33543 US

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

GOLDTHWAITE, LINDSEY C  
26804 SAXONY WAY  
APT. #302  
WESLEY CHAPEL, FL 33544 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: LINDSEY GOLDTHWAITE

08/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PETER, KATHRYN  
Address: 540 CARILLON PARKWAY APT. #2039  
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: MGRM ( ) Delete  
Name: GOLDTHWAITE, LINDSEY C  
Address: 26804 SAXONY WAY APT. #302  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LINDSEY GOLDTHWAITE

MS.

08/22/2007

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