

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90158 001 ***138.75
02-04-2008 90158 002 *****5.00

30000243



DOCUMENT # L07000009796 1. Entity Name U-TURN CREATIONS, LLC					
Principal Place of Business 19946 DINNER KEY DRIVE BOCA RATON, FL 33498			Mailing Address 19946 DINNER KEY DRIVE BOCA RATON, FL 33498		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282008 Chg-LLC CR2E083 (12/06)	
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: <u>DEBRA SCHUMAN-ALTSCHUL</u> Street Address (P.O. Box Number is Not Acceptable): <u>19946 DINNER KEY DRIVE</u> City: <u>BOCA RATON</u> <u>FL</u> Zip Code: <u>33498</u>		
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: <u>[Signature]</u> <small>Signature typed over name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE: <u>1/28/08</u>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHUMAN-ALTSCHUL, DEBRA 19946 DINNER KEY DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHUMAN-ALTSCHUL, DEBRA 19946 DINNER KEY DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>DEBRA SCHUMAN-ALTSCHUL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>1/28/08</u>		Daytime Phone #: <u>561-483-5095</u>