

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L07000009796</b>		
1. Entity Name U-TURN CREATIONS, LLC		

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

Principal Place of Business 19946 DINNER KEY DRIVE BOCA RATON, FL 33498	Mailing Address 19946 DINNER KEY DRIVE BOCA RATON, FL 33498
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**30000243**

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	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		Name <i>DEBRA SCHUMAN-ALTSCHUL</i> Street Address (P.O. Box Number is Not Acceptable) <i>19946 DINNER KEY DRIVE</i>	
		City <i>BOCA RATON</i> Zip Code <i>FL 33498</i>	

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.		<i>1/28/08</i>
SIGNATURE	Signature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	
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Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMAN-ALTSCHUL, DEBRA	NAME	
STREET ADDRESS	19946 DINNER KEY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Debra Schuman-Altschul* **Date:** *1/28/08* **Daytime Phone #:** *561-483-5095*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE