


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/19/2008-90027-034-\$138.75-\$138.75

DOCUMENT # L07000043447 1. Entity Name LOVE CREATES, LLC						FILED 08 SEP 23 AM 8:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7918 ROSE AVE. ORLANDO FL 32810				Mailing Address 7918 ROSE AVE. ORLANDO FL 32810			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 41-2238801				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRALAND, BRIDGETT 7918 ROSE AVE. ORLANDO FL 32810				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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><i>Bridgett Braland</i></u> BRIDGETT BRALAND - PARTNER <u>7/28/08</u> <small>Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)</small>							
FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRALAND, BRIDGETT 7918 ROSE AVE. ORLANDO FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRALAND, BRAD 7918 ROSE AVE. ORLANDO FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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><i>Bridgett Braland</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>7/28/08</u> <u>407-963-7704</u> <small>Date Phone #</small>			