2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State 01-14-2008 90040 007 ***138.75

DOCUMENT # L07000053096 1. Entity Name CREATIVE COMMUNITY SOLUTIONS, LLC				01-14-2008 90040 007 ***138.75
4040 WOOD	ce of Business COCK DR., STE 111 LE, FL 32207	Mailing Address 4040 WOODCOCK DR., S JACKSONVILLE, FL 3220		
2. Principal P Suite, Apt.	Place of Business - No P.O. Box # N/A #, etc.	3. Mailing Address N/A Suite, Apt. #, etc.		01042008 Chg-LLC CR2E083 (12/06)
City & Stat	Country	City & State	Country	4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired Status
		<u> </u>	,	Fee Required
	6. Name and Address of Current	Kegistered Agent	Name	7. Name and Address of New Registered Agent
CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DR. STE 1200		N.		s (P.O. Box Number is Not Acceptable)
JACKSON	IVILLE, FL 32202		City	7.0.4
92.			City Zip Code gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	named entity submits this statement to tions of registered agent.	r the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	wed when reinstating) DATE
		_		
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	;		Make check payable to Florida Department of State
	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	10.	Florida Department of State ADDITIONS/CHANGES
After May	MANAGING MEMBE Vice President MARSHAII Jenkins	RS/MANAGERS Detection	NAME SIREFT ADDRESS	ADDITIONS/CHANGES CE President Change Addition
9. TITLE NAME STREET ADDRESS	VICE President WARSHAII JENKINS HTUS SILVET RIDGE OF SECRETARY TREASURER LONNIE DASHER 1951 LEON Rd	RS/MANAGERS Detection	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 193	ADDITIONS/CHANGES C.E. President Change Addition The president Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Vice President MANAGING MEMBE Vice President MARSHAII Jenkins 4745 Silver Ridge of JAY FL 32207 Secretary Treesurer Lonnic Dasher	RS/MANAGERS Deficite	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TR	Addition Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VICE President WARSHAII JENKINS HTUS SILVET RIDGE OF SECRETARY TREASURER LONNIE DASHER 1951 LEON Rd	RS/MANAGERS Deleile Deleile	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TR	ADDITIONS/CHANGES CE President Change Addition outley Dasher SI Leon Rd Ceasurer Thirt Dasher SI Leon Rd Change Addition addition outley Addition outley State Change Addition outley State Outley S
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE Vice President MARSHAII JENKINS 4765 Silver Ridge of JAY FL 32207 Secretary Treasurer Lonnic Dasher 1951 Leon Rd JAX FL 32246	RS/MANAGERS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ADDITIONS/CHANGES CE President
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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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Shully Dashey Dasher, Vice President 1/8/08 904524-848/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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