

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084808

**FILED  
Mar 04, 2009  
Secretary of State**

**Entity Name:** THE INSTITUTE OF CREATIVE GROWTH, LLC

**Current Principal Place of Business:**

1720 ALTA VISTA STREET  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1720 ALTA VISTA STREET  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** 51-0651609      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHEIBEL, POPPY T  
1720 ALTA VISTA STREET  
SARASOTA, FL 34236 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** SCHEIBEL, POPPY T  
**Address:** 1720 ALTA VISTA STREET  
**City-St-Zip:** SARASOTA, FL 34236 US

**ADDITIONS/CHANGES:**

**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: POPPY SCHEIBEL

MS.

03/04/2009

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