

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093591

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: EARTH WIND & FIRE CREATIONS LLC

**Current Principal Place of Business:**

244 BLOSSOM LANE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

244 BLOSSOM LANE  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 26-1183419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAHAM, JOHN R  
244 BLOSSOM LANE  
WINTER PARK, FL 32789 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: GRAHAM, JOHN R  
Address: 244 BLOSSOM LANE  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete  
Name: GRAHAM, KATHY  
Address: 244 BLOSSOM LANE  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete  
Name: GRAHAM, BRADFORD L  
Address: 1835 OCEAN GROVE DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN R GRAHAM

MGRM

02/04/2009

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