2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L08000009148

Entity Name: FULLTIME CREATIVES LLC

Current Principal Place of Business:

11700 MELALEUCA WAY
COOPER CITY, FL 33026 US

New Principal Place of Business:

11700 MELALEUCA WAY
SUITE #285
COOPER CITY, FL 33026 US

Current Mailing Address:

11700 MELALEUCA WAY
COOPER CITY, FL 33026 US

New Mailing Address:

11700 MELALEUCA WAY
SUITE #285
COOPER CITY, FL 33026 US

FEI Number: 26-1852547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARLAN, WILLIAM
11700 MELALEUCA WAY
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

LOPEZ, JOSEPH A
11700 MELALEUCA WAY
SUITE #285
COOPER CITY, FL 33026 US

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: JOE LOPEZ 02/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARLAN, WILLIAM G
Address: 11700 MELALEUCA WAY
City-St-Zip: COOPER CITY, FL 33026 US

Title: MGRM ( ) Delete
Name: LOPEZ, JOE
Address: 11700 MELALEUCA WAY
City-St-Zip: COOPER CITY, FL 33026 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: LOPEZ, JOE L
Address: 11700 MELALEUCA WAY
City-St-Zip: COOPER CITY, FL 33026 US

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: JOE LOPEZ MGRM 02/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date