

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -9 AM 10:16 *2/13*

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000781

THE CREATIVE SOLUTIONS GROUP L.C.
101 YACHT CLUB DRIVE
ST. AUGUSTINE FL, 32095

1a. Principal Place of Business Address
~~4700 N. US 1~~ 101 Yacht Club Dr.
ST. AUGUSTINE, FL 32095

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME Suite, Apt. #, etc.		2a. Mailing Address SAME AS 1 Suite, Apt. #, etc.		3. Date Organized or Qualified JULY 16, 1997		3a. State of Formation FLORIDA	
City & State		City & State		4. FEI Number 59-3466634		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Date of Last Report N/A		8. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent CHRISTINE R. SMITH 4700 N. U.S. 1 ST. AUGUSTINE, FL 32095		8. Name and Address of New Registered Agent Name <i>Christine R. Smith</i> Street Address (P.O. Box Number is Not Acceptable) <i>101 Yacht Club Dr</i> Suite, Apt. #, etc. City <i>St. Augustine</i> FL Zip Code <i>32095</i>	
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Nancy E. Hendrickson* DATE *3/13/98*
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	STEVEN J. HENDRICKSON	4700 N. US 1 101 Yacht Club Dr.	ST AUGUSTINE, FL 32095
MEM	NANCY E.R. HENDRICKSON	4700 N. US 1 101 Yacht Club Dr.	ST AUGUSTINE, FL 32095
MEM	CHRISTINE R. SMITH	4700 N. US 1 101 Yacht Club Dr.	ST AUGUSTINE, FL 32095

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Nancy E. Hendrickson* *Nancy E. Hendrickson* 3/13/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone # *824-10*