
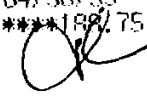



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 21 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE																			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001769 CREATIVE INTERNATIONAL SOLUTIONS L.L.C. 2386 FAIRSKIES DRIVE SPRINGHILL FL 34606		1a. Principal Place of Business Address 2386 FAIRSKIES DRIVE SPRINGHILL FL 34606																			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/08/1998 3a. State of Formation FL 4. FEI Number 59-3535079 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
7. Name and Address of Current Registered Agent CLAGGETT, WILLIAM L 2386 FAIRSKIES DR SPRINGHILL FL 34606			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code FL																		
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 _____			DATE _____																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>CLAGGETT, WILLIAM L</td> <td>2386 FAIRSKIES DR</td> <td>SPRINGHILL FL</td> </tr> <tr> <td>MGRM</td> <td>CLAGGETT, STUART L</td> <td>7707 GRAINICK PLACE</td> <td>SPRINGFIELD VA</td> </tr> <tr> <td>MGRM</td> <td>CLAGGETT, HEATHER A</td> <td>2386 FAIRSKIES DR</td> <td>SPRINGHILL FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	CLAGGETT, WILLIAM L	2386 FAIRSKIES DR	SPRINGHILL FL	MGRM	CLAGGETT, STUART L	7707 GRAINICK PLACE	SPRINGFIELD VA	MGRM	CLAGGETT, HEATHER A	2386 FAIRSKIES DR	SPRINGHILL FL
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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:  19 Apr 99 3526844319																					