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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 26 PM 3: 56

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 # L98000002190

CREATIVE PAGES. VENICE, FL, L.C.
418 Mayfair Drive
VENICE FL 34293

1a. Principal Place of Business Address

418 Mayfair Drive
VENICE FL 34293

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
1265 Everest Road	418 Mayfair Drive	10/08/1998	FL
Suite, Apt #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
City & State Venice, Fl	City & State Venice, Fl	65-0852694	☐ Not Applicable
Zip 34293	Country USA	Zip 34293	Country USA

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
PATTEN, JOHN 1265 Everest Road VENICE FL 34293	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt #, etc.: City: 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 _Robert C. Lawson_

DATE _April 13, 1999_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PATTEN, JOHN	1265 Everest Road	VENICE FL
MGRM	LAWSON, BOB	418 Mayfair Drive	VENICE FL

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****188.75 ****188.75

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: _Robert C. Lawson_ Robert C. Lawson (941) 497-3532

INHSE10 R (12-98)