

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000242

Entity Name: THEME CREATIONS LLC

FILED  
Jul 13, 2005  
Secretary of State

## Current Principal Place of Business:

130 TECH DRIVE  
NORTHSTAR BUSINESS PK  
SANFORD, FL 32771

## New Principal Place of Business:

7557 W SAND LAKE RD  
152  
ORLANDO, FL 32819

## Current Mailing Address:

PO BOX 470636  
CELEBRATION, FL 34747

## New Mailing Address:

7557 W SAND LAKE ROAD  
152  
ORLANDO, FL 32819

FEI Number: 59-3589633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DAVIES, IVOR  
130 TECH DRIVE  
SANFORD, FL 32771      US

## Name and Address of New Registered Agent:

DAVIES, IVOR  
7557 W SAND LAKE ROAD  
152  
ORLANDO, FL 32819      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: IVOR DAVIES

07/13/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: DAVIES, IVOR  
Address: P.O. BOX 470062      (N/A)  
City-St-Zip: CELEBRATION, FL 34747

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: DAVIES, IVOR  
Address: 7557 W SANDLAKE ROAD # 152  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IVOR DAVIES

CEO

07/13/2005

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