AMENDED

05-15-2006 90242 033 ****55.00

FILED M04000005545
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:58

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005545

1. Entity Name
CREATIVE DEVELOPMENT CO. LLC

Principal Place of Business	Mailing Address
77 FRANKLIN STREET BOSTON, MA 02110	77 FRANKLIN STREET BOSTON, MA 02110

05032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		8359 BEACON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT MYERS, FL	
Zip	Country	Zip 33907	Country USA

4. FEI Number 04-6240459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name ALLAN E. FOX Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD City FT MYERS FL Zip Code 33907

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Allan E Fox — 5/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINELY, JOHN H III 77 FRANKLIN STREET BOSTON, MA 02110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINLEY, JOHN H, III	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYNARD, CHARLOTTE F 77 FRANKLIN STREET BOSTON, MA 02110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: [signature] 5/9/06 617-542-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #