

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000005545

1. Entity Name
CREATIVE DEVELOPMENT CO. LLC



Principal Place of Business
77 FRANKLIN STREET
BOSTON, MA 02110

Mailing Address
8359 BEACON BLVD
FT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC

CR2E083 (11/05)

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

FOX, ALLAN E
8359 BEACON BLVD
FT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2007**

000000719012
05/01/07-80046-008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FINLEY, III, JOHN H
STREET ADDRESS 77 FRANKLIN STREET
CITY-ST-ZIP BOSTON, MA 02110

TITLE MGR
NAME MAYNARD, CHARLOTTE F
STREET ADDRESS 77 FRANKLIN STREET
CITY-ST-ZIP BOSTON, MA 02110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/07 234-425-2654

Date

Daytime Phone #