2008 LIMITED LIABILITY COMPANY

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90019 007 ***138.75

DOCUMENT # M05000004669



CREATIVE CATALOG CONCEPTS LLC Principal Place of Business Mailing Address 50005094 2745 REBECCA LANE 2745 REBECCA LANE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3332484 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME FLAHERTY, JOHN NAME STREET ADDRESS 2745 REBECCA LANE STREET ADDRESS CITY-ST-ZIP ORANGE CITY, FL 32763 CITY-ST-ZIP MGR ☐ Delete TITLE TITLE ☐ Change ☐ Addition MINA, ALESSANDRO NAME NAME STREET ADDRESS 800 BOYLSTON STREET, SUITE 3325 STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02199 CITY-ST-ZIP MGR TITI F ☐ Delete TITLE Change ☐ Addition NAME WARREN, SALLY NAME STREET ADDRESS 2745 REBECCA LANE STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02116 CITY-ST-ZIP Change TITLE MGR Addition ☐ Delete TITLE David Finley STEBER, MARTIN NAME NAME 800 Roylston Street, Suite 3325 STREET ADDRESS 800 BOYLSTON STREET, SUITE 3325 STREET ADDRESS Boston MA 02199 CITY-ST-7IP CITY-SI-ZIP BOSTON, MA 021199 TITLE MGR ☐ Change ☐ Addition ☐ Delete TITLE RICE, JAMES NAME NAME STREET ADDRESS 2745 REBECCA LANE STREET ADDRESS CITY-ST-ZIP ORANGE CITY, FL 32763 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 limited liability company prothe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE