2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M99000000579



FILED Apr 09, 2004 8:00 am Secretary of State

1. Entity Name						04.00.0004.00	• 01 € 01 0	skakakaka = 0 00	
CDA CREATIVE LLC						04-09-2004 90215 013 ****50.00			
Principal Place of Business Mailing Address									
2455 E SUNRISE BLVD				2455 E SUNRISE BLVD			W Z U U	444	
SUITE 500 FORT LAUDERDALE FL 33304			SUITE 500 FORT LAUDERDALE FL 33304				4 °		
TONT EACE	JENDALL I L	. 33304	TORT EAUDENDALE T	L 3330-	•	I INNTERIO DE DE COME ANTO É É	Tanî eşîn dî	ini anial anul lang la	(CC) III (CS)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE	CR2E	083 (11/03)	
City & State			City & State			4. FEI Number 65-091142	7	No	pplied For at Applicable
Zip	Country		Zip Countr		itry	5. Certificate of Status Desired		\$5.00 Add Fee Require	
Name and Address of Current Registered Agent					Nome	7. Name and Address of New	Registere	d Agent	<u> </u>
DI 10					Name	erre en	v		•
RUSSO, DANIELLE 2455 EAST SUNRISE BLVD SUITE 500					Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33304									
					City		F	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its registere					ed office or registe	ared agent or both in the State of E		_	and accept
	tions of regist		or the perpose of changing ha	rogistore	ou office of registe	area agent, or both, in the state of t	ionaa. Ta	irianima wun,	and accept
SIGNATURE									
SIGNATIONE	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	: Registero	d Agent signature require	ed when reinstating)	DATE		
			FILE NO		FEE IS \$50.00				
			Make Check Payabl						
			Due	e By Ma	ay 1, 2004				
9.		MANAGING MEMBE	ERS/MANAGERS	10.	STREET SOUTHWEST CONTROL STREET	ADDITIONS	/CHANG	ES	
TITLE	MGR		☐ Delete	TITLE	ŧ			☐ Change	Addition
NAME					E			-	
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP	FORT LAU	DERDALE FL 33304		CITY	-ST-ZIP				
TITLE			☐ Delete	TITLE	£			Change	☐ Addition
NAME					E				
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZiP	<u> </u>			
TITLE	1 .		☐ Delete	TITLE				Change	Addition*
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CITY-ST-ZIP					EET AODRESS ST-ZIP				
			∏ Policie	-				☐ Change	☐ Addition
TITLE NAME			☐ Delete	TITLE				change	Addition
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME			_ 500.0	NAM				change	
STREET ADDRESS				STRE	EET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE			☐ Delete	TITLE	E			☐ Change	Addition
NAME				NAM	E				
STREET ADDRESS					ET ADDRESS				
City-St-Zip	<u> </u>			CITY	-ST-ZIP				

11. I 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 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,

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #