


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90114 022 ****50.00

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| DOCUMENT # M99000001204 |  |
| 1. Entity Name CREATION MANAGEMENT LLC | |

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|---|---|
| Principal Place of Business 930 WASHINGTON AVENUE, 5TH FLOOR MIAMIBEACH, FL 33139 | Mailing Address 930 WASHINGTON AVENUE, 5TH FLOOR MIAMIBEACH, FL 33139 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



03222004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-0899461 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent WOLFE, RICHARD C ESQ C/O PATHMAN LEWIS LLP 2 S. BISCAYNE BLVD., STE. 2400 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name Richard C Wolfe Esq. Street Address (P.O. Box Number is Not Acceptable) 40 Wolfe & Goldstein P.A. 550 Brickell Ave - PH Suite City Miami FL Zip Code 33131 | |
|---|--|--|--|

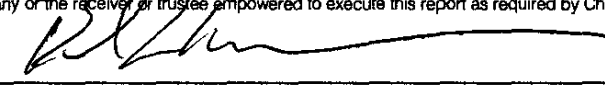
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/12/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KREUSLER, ROBERT G <input checked="" type="checkbox"/> Delete 930 WASHINGTON AVENUE, 5TH FLOOR MIAMI BEACH, FL 33139 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KRASSNER, BRAD <input type="checkbox"/> Delete 930 WASHINGTON AVENUE, 5TH FLOOR MIAMIBEACH, FL 33139 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KRASSNER, SHERRI <input checked="" type="checkbox"/> Delete 930 WASHINGTON AVENUE, 5TH FLOOR MIAMIBEACH, FL 33139 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:  **4/12/04 305-672-9980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #