

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002116 1. Entity Name CLICK CAPITAL - I, L.L.C.	
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Principal Place of Business P.O. BOX 4081 HALLANDALE, FL 33008	Mailing Address P.O. BOX 4081 HALLANDALE, FL 33008
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0999230	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WEINREB, MICHAEL 19707 NE 36TH COURT 7H NO. TOWER AVENTURA, FL 33180
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**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 _____
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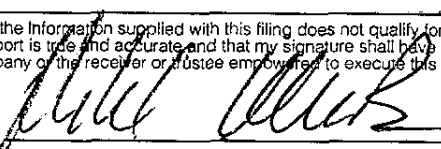
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEINREB, MICHAEL 19707 NE 36TH COURT AVENTURA, FL 33180
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07/05/05-80022-017 50.00

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: 	Date <u>6/30/05</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		