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Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90408 015 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30058586

DOCUMENT # L00000005879

1. Entity Name
CLUBENDEL, L.L.C.

Principal Place of Business	Mailing Address
1103 FLORIDA AVENUE, SUITE 4 PALM HARBOR, FL 34683	1103 FLORIDA AVENUE, SUITE 4 PALM HARBOR, FL 34683

2. Principal Place of Business	3. Mailing Address
850 TAMIAMI TRAIL	850 TAMIAMI TRAIL
Suite, Apt. #, etc. 624	Suite, Apt. #, etc. 624
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34236 Country US	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3655930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, ROSE M
1103 FLORIDA AVE.
SUITE 4
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUGNIART, LUC A 1103 FLORIDA AVENUE, SUITE 4 PALM HARBOR, FL 34683	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENOIT BOUGNIART 850 TAMIAMI TRAIL #624 SARASOTA FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLENS, CLAUDINE L 1103 FLORIDA AVENUE, SUITE 4 PALM HARBOR, FL 34683	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: BOUGNIART BENOIT 04.17.03 941.266.45.57.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #