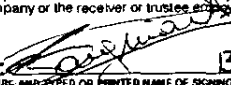


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90408 015 *****50.00

30058586

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000005879			
1. Entity Name CLUBENDEL, L.L.C.			
Principal Place of Business 1103 FLORIDA AVENUE, SUITE 4 PALM HARBOR, FL 34683		Mailing Address 1103 FLORIDA AVENUE, SUITE 4 PALM HARBOR, FL 34683	
2. Principal Place of Business 850 TAMiami TRAIL		3. Mailing Address 850 TAMiami TRAIL	
Suite, Apt. #, etc. 624		Suite, Apt. #, etc. 624	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34236		Country US	
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	
A. 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 date if applicable. (NOTE: Registered Agent signature required when substituting)			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 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
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
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, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date	