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Apr 20, 2005 8:00 am
Secretary of State

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DOCUMENT # L00000012095				Secretary of State 04-20-2005 90034 046 ****50.00	
1. Entity Name CLIPS MANAGEMENT LIMITED COMPANY					
Principal Place of Business 12710 TAR FLOWER DR TAMPA, FL 33626-2340		Mailing Address 12710 TAR FLOWER DR TAMPA, FL 33626-2340			
2. Principal Place of Business 121 W. MINNEHAWKA ST TAMPA, FL		3. Mailing Address 121 W. MINNEHAWKA ST			
Suite, Apt. #, etc. TAMPA, FL		Suite, Apt. #, etc.		01282005 Chg-LLC CR2E083 (10/03)	
City & State 33604		City & State TAMPA, FL		4. FEI Number 59-3675441	
Zip 33604		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GROFF, GEORGE 12710 TAR FLOWER DR TAMPA, FL 33626-2340			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 121 W. MINNEHAWKA ST City TAMPA FL Zip Code 33604		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROFF, GEORGE P 12710 TAR FLOWER DR. TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 W. MINNEHAWKA ST TAMPA, FL 33604		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLF, THOMAS G 14502 N. DALE MABRY, SUITE 200 TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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		
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: Daniel Wolf		4/16/05 813-748-0726			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					