2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L01000001832

Entity Name: CLAIM ASSISTANT, LLC

Current Principal Place of Business:

12157 W. LINEBAUGH AVENUE #346
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12157 W. LINEBAUGH AVENUE #346
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3692301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEISURE, REBECCA O
11731 DERBYSHIRE DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

LEISURE, REBECCA O
12157 W. LINEBAUGH AVE. #346
TAMPA, FL 33626 US

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.

SIGNATURE: REBECCA LEISURE 04/11/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: LEISURE, REBECCA
Address: 12157 W. LINEBAUGH AVE. #346
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: REBECCA LEISURE MGR 04/11/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date