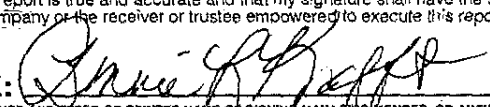


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000001923 1. Entity Name P.S.A.L.M.S. 374 INVESTMENT CLUB, L.L.C.		
Principal Place of Business PO BOX 340714 TAMPA, FL 33694-0714		Mailing Address PO BOX 340714 TAMPA, FL 33694-0714
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRAFFT, BONNIE 1205 PARRILLA DE AVILA TAMPA, FL 33613		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 (Applicable) (NOTE: Registered Agent signature req. (indicate when checked) 10) DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST ZIP	P MONROE, VICKI 1206 PARRILLA DE AVILA TAMPA, FL 33613	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	S SHAW, PHYLLIS 16308 MORADES DE AVILA TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY ST ZIP	S HOVERMAN, KATHY 16905 CANDELIDA DE AVILA TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY ST ZIP	T KRAFFT, BONNIE 1205 PARRILLA DE AVILA TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		2/10/05 Date



02102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3670436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

100000233303
02/17/05-80027-015 50.00