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	Mailing Address
PO BOX 340714 TAMPA, FL 33694-0714	PO BOX 340714 TAMPA, FL 33694-0714

02102005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3670436
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRAFFT, BONNIE
1205 PARRILLA DE AVILA
TAMPA, FL 33613

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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 applicable) DATE

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	MONROE, VICKI
STREET ADDRESS	1208 PARRILLA DE AVILA
CITY ST ZIP	TAMPA, FL 33613
TITLE	S
NAME	SHAW, PHYLLIS
STREET ADDRESS	16308 MORADES DE AVILA
CITY ST ZIP	TAMPA, FL 33613
TITLE	S
NAME	HOVERMAN, KATHY
STREET ADDRESS	16905 CANDELIDA DE AVILA
CITY ST ZIP	TAMPA, FL 33613
TITLE	T
NAME	KRAFFT, BONNIE
STREET ADDRESS	1205 PARRILLA DE AVILA
CITY ST ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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02/17/05-80027-015 50.00

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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: _____ 2/10/05

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