2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 16, 2004 08:00 AM Secretary of State **DOCUMENT # L01000006328** 1. Entity Name CLEARY HOLDINGS, LLC. -Principal Place of Business Mailing Address 10217 GULFSHORE DR. 10217 GULFSHORE DR. NAPLES, FL 34108 NAPLES, FL 34108 01072004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2033036 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CLEARY, JOSEPH 10217 GULFSHORE DR. NAPLES, FL 34108 IN THIS SPACE 5. 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS ø. MGRM TITLE CLEARY, JOSEPH J NAME 10217 GULFSHORE DR. STREET ADORESS UNDITIONS712 CITY-ST-718 NAPLES, FL 34108 01/16/04-80047-009 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE 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)(i). Florida Statutes. I further certify that the information indicated on this report/s true and accurate and that rify signetcye 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 triffstee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1-13-04

FILED