

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016398 1. Entity Name CLENDENNING ENTERPRISES, L.L.C.	
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Principal Place of Business 3509 EHRlich RD TAMPA, FL 33618	Mailing Address 3509 EHRlich RD TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



07062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 82-0551302	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DONALD COLLADO & CO
14479 BRUCE B DOWNS BLVD
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

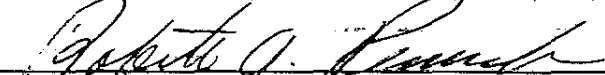
**Filing Fee is \$50.00
Due by September 7, 2005**

1100000376134
08/11/05-80002-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PENARANDA, ROBERT 3509 EHRlich RD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PENARANDA, MARLENE 3509 EHRlich RD TAMPA, FL 33618
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**DO NOT WRITE
IN THIS SPACE**

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:  **8/15/05** **(813) 265-1926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #