FILED

2005 LIMITED LIABILITY COMPANY

May 02, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L02000022762** 1. Entity Name THE 714 CLUB LLC Principal Place of Business Mailing Address 519 CLEYELAND ST. #205 519 CLEVELAND ST. #205 CLEARWATER, FL 33757 CLEARWATER, FL 33757 04282005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 91-2189929 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRIEDMAN, MARSHA 519 CLEVELAND ST. #205 DO NOT WRITE CLEARWATER, FL 33757 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.

Signaluse, typed or printed name of registered agent and file if applicable [NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 4. MANAGING MEMBERS/MANAGERS TITLE MGR KUGLER, BEN NAME STREET ADDRESS 133 CANDY LANE U00000356427 05/04/05-80036-002 50.00 PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIRE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TELE 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 inclosed on this report is true and accurate and that my sonature 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 empoyered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ACCRESS CITY ST-ZIP

> SIGNATURE AND TYPED OR PRINTED HAVE OF SIGN MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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