2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# L02000026264

Entity Name: PROCLAIMS MANAGEMENT, LLC

Current Principal Place of Business:

4271 HEATH ROAD
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

4271 HEATH ROAD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 11-3649769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAFAEL, JEFFREY S
4271 HEATH ROAD
JACKSONVILLE, FL 32277

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	RAFAEL, JEFFREY S	
Address:	4271 HEATH ROAD	
City-St-Zip:	JACKSONVILLE, FL 32277 US	
Title:	MGRM	( ) Delete
Name:	RAFAEL, TRACY	
Address:	4271 HEATH ROAD	
City-St-Zip:	JACKSONVILLE, FL 32277 US	
Title:	MGRM	( ) Delete
Name:	GREENBERG, PAUL V	
Address:	17588 SW 28TH COURT	
City-St-Zip:	MIRAMAR, FL 33029 US	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	RAFAEL, JEFFREY S	
Address:	4271 HEATH ROAD	
City-St-Zip:	JACKSONVILLE, FL 32277 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JEFFREY RAFAEL MGR 05/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date