

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026264

FILED  
Apr 14, 2005  
Secretary of State

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 US

**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: MGR ( ) 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 (X) Delete  
Name: GREENBERG, PAUL V  
Address: 17588 SW 28TH COURT  
City-St-Zip: MIRAMAR, FL 33029 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 S RAFAEL

MGR

04/14/2005

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