

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026264

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** PROCLAIMS MANAGEMENT, LLC

**Current Principal Place of Business:**

6973 HIGHWAY AVE  
201  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

6973 HIGHWAY AVE  
201  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** 11-3649769      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RAFAEL, JEFFREY S  
6847 SIMCA DRIVE  
JACKSONVILLE, FL 32277 US

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAFAEL, JEFFREY S  
Address: 6847 SIMCA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32277 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

05/01/2008

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