


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90064 009 ****55.00

DOCUMENT # L02000029420

1. Entity Name
C.L.E.M. HOSPITALITY, LLC



Principal Place of Business
21338 US 19 N.
CLEARWATER FL 33765
US

Mailing Address
21338 US 19 N.
CLEARWATER FL 33765
US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State
Zip Country

City & State
Zip Country

4. FEI Number **30-0127195**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MENNA, A
2958 KENILWICK DR N.
CLEARWATER FL 33761

KENILWICK DR N.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTELLI, DAVID A <input type="checkbox"/> Delete 2489 FRISCO DR. CLEARWATER FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTELLI, ELISA <input type="checkbox"/> Delete 2489 FRISCO DR. CLEARWATER FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENNA, AGOSTINO <input type="checkbox"/> Delete 2957 KENILWICK DR N. CLEARWATER FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENNA, MARIAN <input type="checkbox"/> Delete 2958 KENIWICK DR N CLEARWATER FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EGERTER, CHARLES & AMY <input checked="" type="checkbox"/> Delete 3425 LAKE SHORE DR N. CLEARWATER FL 33761 <i>CHARLES ONLY</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEGNINI, GUISEPPE <input type="checkbox"/> Delete 21338 US 19 N. CLEARWATER FL 33765

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David A. Castelli* **7-26-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #