


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000029420 1. Entity Name C.L.E.M. HOSPITALITY, LLC	
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Principal Place of Business 21338 US 19 N. CLEARWATER FL 33765 US	Mailing Address 21338 US 19 N. CLEARWATER FL 33765 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 30-0127195	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MENNA, A 2958 KENILWICK DR NORTH CLEARWATER FL 33761	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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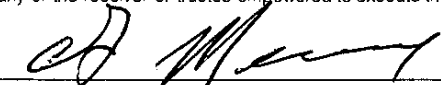
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P CASTELLI, DAVID A 2489 FRISCO DR. CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE	U00000618599 02/08/07-80097-006 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P CASTELLI, ELISA 2489 FRISCO DR. CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P MENNA, AGOSTINO 2957 KENILWICK DR N. CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P MENNA, MARIAN 2958 KENILWICK DR N CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P EGERTER, AMY 3425 LAKE SHORE DR N. CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P LEGNINI, GUISEPPE 21338 US 19 N. CLEARWATER FL 33765	<input type="checkbox"/> Delete	TITLE		<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 Section 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:  **1-30-07** **727-799-1565**

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