

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90063 045 ****50.00

DOCUMENT # L02000029420



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

Principal Place of Business
21338 U. S. HIGHWAY NORTH
CLEARWATER FL 33765
US

Mailing Address
1253 PARK ST
CLEARWATER FL 33756
US

40020206



2. Principal Place of Business
21338 US 19 N.
Suite, Apt. #, etc.

3. Mailing Address
21338 US 19 N.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL
Zip
33765
Country
USA

City & State
CLEARWATER, FL
Zip
33765
Country
USA

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
PRATESI, EMIL G
1253 PARK ST
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
Name
A. MENNA
Street Address (P.O. Box Number is Not Acceptable)
2958 KENILWICK DR N
City
CLEARWATER FL
Zip Code
33761

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 *[Signature]* DATE 1-22-03
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	① PARTNER DAVID A. CASTELLI 2489 FRISCO DR CLEARWATER, FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	② PARTNER ELISA CASTELLI 2489 FRISCO DR CLEARWATER, FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	③ PARTNER AGOSTINO MENNA 2958 KENILWICK DR N. CLW, FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	④ PARTNER MARIAN MENNA 2958 KENILWICK DR N CLW, FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	⑤/⑥ PARTNER CHARLES EGERTER AMY EGERTER 3425 LAKE SHORE LN CLEARWATER, FL 33761 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	⑦ 6UISEPPE LEONINI 6426 21338 US 19 N CLEARWATER, FL 33765 <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 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 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: *[Signature]* DATE 1-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone *

CR2E083 (10/02)