

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019850

Entity Name: ST. CLEMENS USA, LLC

FILED  
Apr 11, 2007  
Secretary of State

**Current Principal Place of Business:**

9240 BONITA BEACH ROAD, SUITE #1101  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2727  
BONITA SPRINGS, FL 341332727 US

**New Mailing Address:**

FEI Number: 56-2365750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEDERSEN, JENS BANG VOM  
P.O. BOX 2727  
BONITA SPRINGS, FL 341332727 US

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

PEDERSEN, JENS BANG VOM  
9240 BONITA BEACH RD. SUITE 1101  
BONITA SPRINGS, FL 34135 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: JENS BANG PEDERSEN

04/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLESEN, PER  
Address: 9240 BONITA BEACH ROAD, SUITE #1101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR ( ) Delete  
Name: PEDERSEN, JENS BANG  
Address: 9240 BONITA BEACH ROAD, SUITE #1101  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

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 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: JENS BANG PEDERSEN

MGR

04/11/2007

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