2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2004 08:00 AM Secretary of State

ANNUAL REPURI					C (C)			
DOCUMENT # L03000022096 1. Entity Name CLARIETT, LLC					Secretary of State			ite
Principal Place	of Business	Mailing Address	 :	 	1			
2829 BIRD AVENUE, PMB 301 MIAMI, FL 33133		2829 BIRD AVENUE, PMB 301 MIAMI, FL 33133			1818a 1111 kwa 2811	1 2211E 11212 11411 22112 12112 2	ועשל וזו וששו	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number		N	oplied For or Applicable	
Zip	Country	Zip Country		try	<u> </u>	of Status Desired	55.00 Address Require	ditional ed
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
SAMOLE, MYRON M 9700 SOUTH DIXIE HIGHWAY, SUITE 1030				Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	50	•				·	7 A	
}				City	 _		FL Zip Coo	le
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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE								
Fill Du	ing Fee is \$50.00 e by May 1, 2004						e check payable to Department of Stat	e
9.			10.			ADDITIONS/	CHANGES	
1 1	MGR	Date:		;			☐ Change	Addition
	ANDERSON, CLAIRE 2829 BIRD AVENUE, PMB 301		NAM	l l	U00000013846			
CITY-ST-ZIP	MIAMI, FL 33133		CITY	ET ADORESS -ST-ZIP	01/26/04-80070-009 50.00			
	MGR Delete		TITU: NAM	ŀ			☐ Change	☐ Addition
	2829 BIRD AVENUE, PMB 301			ET ADDRESS				
				-ST-ZIP				
TITLE	☐ Delete		TITLE				☐ Change	☐ Addition
NAME			NAM	E				
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NAME STREET ADDRESS			NAM					
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STREET ADDRESS				ET AODRESS				
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TITLE		☐ Delete	TITLE	1		-	☐ Change	☐ Addition
NAME #			NAM STRE	E ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				1
	ertify that the information supplied with t	his filing does not qualify for			ection 119.07(3)(ii). Florida Statutes 1	further certify that the i	nlormation
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.								
Bell to the company of the receiver of trusted empower of the second trist report as required by original out, minute statutes.								

SIGNATURE: WALLEY WALLEY
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE

CLAIRE AND ERSON