


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045507

1. Entity Name
CHRISTOPHER M. CLEAVER, LLC



Principal Place of Business 4333 COUNTY BREEZE DR. NEW PORT RICHEY, FL 34656	Mailing Address 4333 COUNTY BREEZE DR. NEW PORT RICHEY, FL 34656
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04032006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0406697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLEAVER, CHRISTOPHER M
4333 COUNTY BREEZE DR.
NEW PORT RICHEY, FL 34656**

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$50.00
Due by May 1, 2008**

001100496443
04/22/06-80012-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLEAVER, CHRISTOPHER M 4333 COUNTY BREEZE DR. NEW PORT RICHEY, FL 34656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLEAVER, EDWARD S 11436 KITTEN TRAIL HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-5-06** **727-863-2638**

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