~2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # L03000051012** CLR ENTERPRISES, LLC Mailing Address Principal Place of Business 1772 SW OAKWOOD RD 1772 SW OAKWOOD RD PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 03092005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0413698 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROY, CLEMENT DO NOT WRITE 1772 SW OAKWOOD RD PORT ST LUCIE, FL 34953 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. MANAGING MEMBER SIGNATURE. t and title of applicable Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ROY, CLEMENT NAME 1772 SW OAKWOOD RD STREET ADDRESS PORT ST LUCIE, FL 34953 CITY-ST-ZIP MGRM U00000336217 04/27/05-80117-002 50.00 TITLE ROY, MANON NAME STREET ADDRESS 1772 SW OAKWOOD RD CITY-ST-ZIP PORT ST LUCIE, FL 34953 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

MANON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED