2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L04000025359

Entity Name: CLAREN TPA, LLC

Current Principal Place of Business:

242 LEJEUNE ROAD
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

242 LEJEUNE ROAD
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-0965892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE LA RIVA, ROBERT
242 LEJEUNE ROAD
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SCHULTZ, THOMAS ESQ.
1441 BRICKELL AVENUE
15TH FLOOR
MIAMI, FL 33131 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: THOMAS SCHULTZ, ESQ. 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DE LA RIVA, ROBERT
Address: 242 LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33126

Title: MGR (X) Delete
Name: CORNIDE, LUIS M
Address: 242 LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHULTZ, THOMAS ESQ.
Address: 1441 BRICKELL AVENUE, 15TH FLOOR
City-St-Zip: MIAMI, FL 33131

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: THOMAS SCHULTZ, ESQ. MGR 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date