

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034881

Entity Name: CLAUDE, LLC

FILED
Mar 04, 2005
Secretary of State

Current Principal Place of Business:

1103 FLORIDA AVENUE, SUITE #4
PALM HARBOR, FL 34683

New Principal Place of Business:

34650 US HWY 19 N
STE 108
PALM HARBOR, FL 34684

Current Mailing Address:

1103 FLORIDA AVENUE, SUITE #4
PALM HARBOR, FL 34683

New Mailing Address:

34650 US HWY 19 N
STE 108
PALM HARBOR, FL 34684

FEI Number: 20-1094366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JENKINS, ROSE M
34650 US HWY 19 N
STE 108
PALM HARBOR, FL 34684 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: ROSE M. JENKINS

03/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEMMA, CLAUDE
Address: 1103 FLORIDA AVENUE, SUITE #4
City-St-Zip: PALM HARBOR, FL 34683

Title: ST (X) Delete
Name: DEMMA, CLAUDE
Address: 1103 FLORIDA AVENUE, SUITE #4
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEMMA, CLAUDE
Address: 3931 SURFSIDE BLVD.
City-St-Zip: CAPE CORAL, FL 33914

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 Section 119.07(3)(i), 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: CLAUDE DEMMA

MGRM

03/04/2005

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