2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** ijun 02, 2006 08:00 AM DOCUMENT # L04000056136 - 1 **Secretary of State** 1. Entity Name CLMSCYSCO2, LLC Principal Place of Business Mailing Address 3521 N 32 TERRACE 3521 N 32 TERRACE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 05282006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-1425783 \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GLAZER, I SCOTT **3521 N 32 TERRACE** HOLLYWOOD, FL 33021 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 Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent arginiture required when retristating) 000000566622 Filing Fee is \$50.00 Due by September 6, 2006 06/02/06-80006-020 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME **CLMS HOLDINGS INC** 3521 N 32 TERRACE STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33021 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and accurate a limited liability company or the receiver it true.

SIGNATURE:

NAME STREET ADDRESS

Scott Glater

914.295-5077

Daytime Phone #