2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059289

1. Entity Name
CLAUDE E. LEWIS ENTERPRISES, LLC

Principal Place of Business	Mailing Address
921 PENNISULAR DR	921 PENNISULAR DR
HAINES CITY, FL 33844 US	HAINES CITY, FL 33844 US

DO NOT WRITE IN THIS SPACE

03122006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
83-0426639	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CEDRIC E. LEWIS & ASSOCIATES, P.A.
~~175 5TH STREET SW~~   332 Third St. N.W.
~~SUITE 205~~
~~WINTER HAVEN, FL 33844~~ Winter Haven, FL 33881

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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 _____   4/14/06
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEWIS, CLAUDE E
STREET ADDRESS	921 PENNISULAR DR
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	MGRM
NAME	LEWIS, VIRGINIA Y
STREET ADDRESS	921 PENNISULAR DR
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	MGRM
NAME	LEWIS, CEDRIC E
STREET ADDRESS	621 HEATHER GLENN LOOP
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Claude E. Lewis   4/14/06   863-412-1691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #