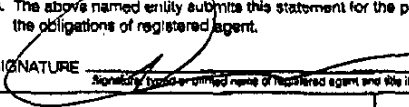
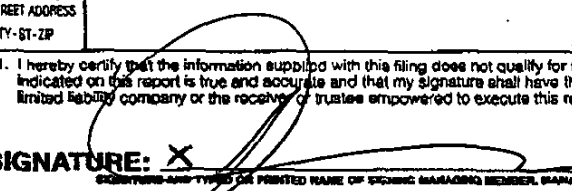


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 030 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000062349			
1. Entity Name CLEAN-START, LLC			
Principal Place of Business 1737 PRINCE PHILLIP ST CLEARWATER, FL 33755 US		Mailing Address 1737 PRINCE PHILLIP ST CLEARWATER, FL 33755 US	
2. Principal Place of Business 3751 EXETER CT Suite, Apt. #, etc. #110 City & State PALM HARBOR, FL Zip 34685 Country		3. Mailing Address 3751 EXETER CT Suite, Apt. #, etc. #110 City & State PALM HARBOR, FL Zip 34685 Country	
04282005 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-1552259 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL, BRIAN A 1737 PRINCE PHILLIP ST CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name ALEJANDRO J. GISPERT Street Address (P.O. Box Number is Not Acceptable) 3751 EXETER CT #110 City PALM HARBOR, FL Zip Code 34685	
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 applicable)		DATE 4/21/05 (NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPIEGEL, BRIAN A 1737 PRINCE PHILLIP ST CLEARWATER, FL 33755 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GISPERT, ALEJANDRO J 3482 KINGS ROAD APT 103 PALM HARBOR, FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3751 EXETER CT #110 PALM HARBOR, FL 34685 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: X  Signature (typed or printed name of signing managing member, manager, or authorized representative)		DATE 4/30/05 Date	

20051971

