

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079189

Entity Name: CLEVA RECORDS, LLC

FILED  
Sep 04, 2006  
Secretary of State

**Current Principal Place of Business:**

1632 NE 148TH STREET  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1632 NE 148TH STREET  
MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 26-0112297      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:**

**Name and Address of New Registered Agent:**

KATHLEEN, MONAHAN  
4031 KIAORA STREET  
COCONUT GROVE, FL 33134      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MONAHAN, WILLIAM J  
Address: 10880 NE 9TH AVE  
City-St-Zip: MIAMI, FL 33161  
  
Title: MGR      (X) Delete  
Name: LEWIS, HOMRRY G  
Address: 2175 NE 169TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
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: WILLIAM J. MONAHAN

MGR

09/04/2006

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