## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000013597

1. Entity Name
CLIENTS' QUARTERLY LLC



FILED
Jan 11, 2007\_08:00 AM
Secretary of State

Principal Place of Business

2901 CLINT MOORE ROAD NO. 241 BOCA RATON, FL 33496 Mailing Address

2901 CLINT MOORE ROAD NO. 241 BOCA RATON, FL 33496



DO NOT WRITE IN THIS SPACE

01072007No Chg-LLC

CR2E083 (11/05)

4. FEI Number \_\_ 20-2317931

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WARNER, ROY ESQ 17405 LOCHLOMOND WAY BOCA RATON, FL 33496

SIGNATURE:

SIGNATURE AND TYPED OR PRI

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat                       | named entity submits this statement for the purpose of chan<br>ions of registered agent.   | ging its registered office or registered agent, or both, in the Sta   | ate of Florida. I am familiar with, and accept  |
|--|--|---|---|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating)  | DATE  |
| Fi<br>Di                                       | iling Fee is \$50.00<br>ue by May 1, 2007  |   |   |
| 9.   | MANAGING MEMBERS/MANAGERS  |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>WARNER, SHELLEY S<br>2901 CLINT MOORE ROAD NO. 241<br>BOCA RATON, FL 33496  |   | 0000581715<br>707-80003-004 50.00   |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP          |  |   |   |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP          |  | DO NOT  | WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | IN THIS   | SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   | ***   |
| 11. I hereby of indicated limited lia          | certify that the information supplied with this filing does not of<br>on this report is true and accurate and that my signature st<br>billity company or the receiver or trustee empowered to exer | qualify for the exemptions contained in Chapter 119, Florida S<br>half have the same legal effect as if made under oath; that I a<br>cute this report as required by Chapter 608, Florida Statutes. | tatutes. I further certify that the information m a managing member or manager of the |

Wavel

EN NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE