

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90062 024 ****50.00

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DOCUMENT # L05000033423 1. Entity Name MANSFIELD CLAIMS SERVICE LLC					
Principal Place of Business 6904 22ND AVE. W. BRADENTON, FL 34209			Mailing Address 6904 22ND AVE. W. BRADENTON, FL 34209		
2. Principal Place of Business 109 24 St NW Suite, Apt. #, etc.		3. Mailing Address P.O. Box 9709 Suite, Apt. #, etc.			
City & State Bradenton FL Zip 34205 Country USA		City & State Bradenton FL Zip 34205 Country USA		4. FEI Number 56-2507619	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VREMAN, GERT-JAN 6904 22ND AVE. W. BRADENTON, FL 34209			7. Name and Address of New Registered Agent Name JUDY ANN ACKLES Street Address (P.O. Box Number is Not Acceptable) 13606-5 AVE North east City Bradenton FL Zip Code 34212		
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 <u>Judy Ann Ackles</u> <u>Judy Ann Ackles</u> <u>1/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, GERT-JAN 6904 22ND AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VREMAN, Gert-Jan (corr)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICK, EDWARD K 6904 22ND AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6235 Fordham PL Bradenton FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEEKS, SHAUNA L 6904 22ND AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10837 Pinewood Cir Bradenton FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIPSHER, BARBARA L 6904 22ND AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	487 Abec Farm Rd Venice FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DANIEL K 6904 22ND AVE. W. BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Mansfield Box 9545 Kt Lauderdale FL 33310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKLES, JUDY ANN 6904 22ND AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13606-5 AVE NE Bradenton FL 34212
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: <u>Judy Ann Ackles</u> JUDY ANN ACKLES <u>1/11/06</u> <u>941-746-0441</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					