


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90047 028 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L05000041800</b>							
1. Entity Name <b>CLAUDIUS LLC</b>							
Principal Place of Business <b>1000 VENETIAN WAY SUITE 101 MIAMI, FL 33139</b>			Mailing Address <b>1000 VENETIAN WAY SUITE 101 MIAMI, FL 33139</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>20-2749616</b>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>VIVIES, PATRICK 700 E. DANIA BEACH BLVD. SUITE 202 DANIA, FL 33004</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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			DATE				
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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DUBEN, XAVIER		NAME				
STREET ADDRESS	1000 VENETIAN WAY		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33139		CITY-ST-ZIP				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEGUILLE, CLAUDE		NAME				
STREET ADDRESS	60 AVE. DE NEW YORK		STREET ADDRESS				
CITY-ST-ZIP	75016 PARIS,		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 I signed it 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.							
<b>SIGNATURE:</b> _____							
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date _____ Daytime Phone # _____							