


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90220 008 ****50.00

DOCUMENT # L05000041800 1. Entity Name CLAUDIUS LLC	
---	---

Principal Place of Business 1000 VENETIAN WAY SUITE 101 MIAMI, FL 33139	Mailing Address 1000 VENETIAN WAY SUITE 101 MIAMI, FL 33139
--	--

DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2749616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA, FL 33004

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBEN, XAVIER (DUBERN, XAVIER) 1000 VENETIAN WAY MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGUILLE, CLAUDE 60 AVE. DE NEW YORK 75016 PARIS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  XAVIER DUBERN 02/06/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #