

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106775

FILED
May 01, 2007
Secretary of State

Entity Name: CLAUSSEN PROPERTIES, LLC

Current Principal Place of Business:

3836 HERON RIDGE LANE
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

3836 HERON RIDGE LANE
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 20-3733295 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:

CLAUSSEN, WILHELM
3836 HERON RIDGE LANE
WESTON, FL 33331 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: MGRM () Delete
Name: CLAUSSEN, WILHELM
Address: 3836 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: CLAUSSEN, HERMANN
Address: 3836 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: CLAUSSEN, ALEXANDER
Address: 3836 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: CLAUSSEN, VIVIAN
Address: 3836 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: CLAUSSEN, KATHERINE
Address: 3836 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: CLAUSSEN, ANDRES F
Address: 3836 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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 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: WILHELM E CLAUSSEN

MGRM

05/01/2007

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