2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # L05000115221 1. Entity Name CIELO CLARO, LLC **"解放探察规则"**有个 Principal Place of Business Mailing Address 11442 HWY 231 PO BOX 249 YOUNGSTOWN, FL. 32466 YOUNGSTOWN, FL 32466 04232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3869284 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAN JUAN, EDWARD A DO NOT WRITE 11442 HIGHWAY 231 YOUNGSTOWN, FL 32466 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 15 th Jan 14 North After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE rm on contained in Chapter 119, Flexid , Statutes, 1 furthal certify the the frammation legial effect as a triade under outly that I am a minimaging member or manager of the required by Chapter 603, Floride Ciatutes. E.F. SAN JUAN, INC. contest and place of the edge spic intent of the edge spic intent of the edge spic intent of the edge of t NAME GIORICO STREET ADDRESS CITY-ST-ZIP YOUNGSTOWN, FL 32466 U00000921549 05/15/08-80011-809 138.75 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 11T£ E NAME STREET ADDRESS 医伊朗麻贝斯氏 第 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 made under oath; that I am a managing member or manager of the implicit military company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/08

850/722-4830

FILED