#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000001937

1. Entity Name
CLAUDAVERI, LLC

Principal Place of Business

10097 CLEARY BLVD. #289 PLANTATION, FL 33324 Mailing Address

10097 CLEARY BLVD. #289 PLANTATION, FL 33324

### FILED Apr 30, 2008 08:00 AM Secretary of State



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4021370 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BLUM, DAVID 10097 CLEARY BLVD. #289 PLANTATION, FL 33324

# 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agant signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM BLUM, DAVID 10097 CLEARY BLVD. #289 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIMOLI, CLAUDIA 4709 GRAPEVINE WAY DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUM, ERIC 2417 OLD HIGHWAY 49 ASHEBORO, NC 27205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	

000000335322 05/23/08-80091-008 138.75

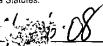
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and acquirate and that my signature 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 of true teaching the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY- ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



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