

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 006 ****50.00

DOCUMENT # L06000004625	
1. Entity Name CLAUDIO-DECLET PROPERTIES, LLC	

Principal Place of Business 4396 WORTHINGTON CIRCLE PALM HARBOR, FL 34685	Mailing Address 4396 WORTHINGTON CIRCLE PALM HARBOR, FL 34685
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. 2720 Park Drive	Suite, Apt. #, etc. 2720 Park Drive
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City & State Clearwater FL	City & State Clearwater FL
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Zip 33763	Country USA	Zip 33763	Country USA
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60019795



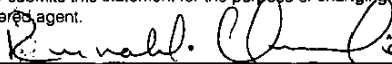
02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 584-79-8312	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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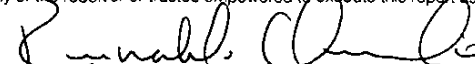
6. Name and Address of Current Registered Agent CLAUDIO, REINALDO 4396 WORTHINGTON CIRCLE PALM HARBOR, FL 34685	
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7. Name and Address of New Registered Agent	
Name Claudio, Reinaldo	
Street Address (P.O. Box Number is Not Acceptable) 2727 Park Drive	
City Clearwater	FL Zip Code 33763

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 2/23/07
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Claudio, Reinaldo 2720 Park Drive Clearwater FL, 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Reinaldo Claudio 2/23/07 (727) 726-8500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	