


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000240		
1. Entity Name CLAXTON PACIFIC LC		

Principal Place of Business 1333 N DUVAL ST. TALLAHASSEE, FL 32302	Mailing Address 1333 N DUVAL ST. TALLAHASSEE, FL 32302
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2. Principal Place of Business Honved str. 36 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Pilisszentlaszlo	City & State
Zip H-2009	Country Hungary

6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE, FL 32302	
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03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

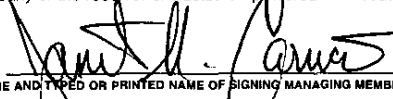
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ILLESAW, DR. GYORGY H-2009 HONVED ST. 36 PILISSZENTLASZLO, HUNGARY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900032084299 04/07/04--01015--003 **1200.00
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 exemption stated in Section 119.07(3)(i), 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:  Janet M. Caruccio  
Auth. rep. 3-22-04 302-421-8750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #