2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004199

1. Entity Name
HEAVENLY CLAMS, L.C.

Principal Place of Business	Mailing Address
7451 SADLER AVE. TANGERINE, FL 32777	PO BOX 67 TANGERINE, FL 32777

03232004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3610813
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAPP, B J
7451 SADLER AVE #67
TANGERINE, FL 32777-0067

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000037263
03/26/04-80032-024 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEWART, OWEN
STREET ADDRESS	4993 SANDPIPER DR
CITY-ST-ZIP	ST JAMES CITY, FL 33956
TITLE	MGRM
NAME	STEWART, SELENA
STREET ADDRESS	4993 SANDPIPER DR
CITY-ST-ZIP	ST JAMES CITY, FL 33956
TITLE	MGRM
NAME	RAPP, M J
STREET ADDRESS	7451 SADLER AVE
CITY-ST-ZIP	TANGERINE, FL
TITLE	MGRM
NAME	RAPP, B J
STREET ADDRESS	7451 SADLER AVE
CITY-ST-ZIP	TANGERINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: B.J. Rapp Member/Mgr. 3.24.04 352-235-1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

B J Rapp