2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L99000004199

Entity Name: HEAVENLY CLAMS, L.C.

Current Principal Place of Business:

7451 SADLER AVE.
TANGERINE, FL 32777

New Principal Place of Business:

Current Mailing Address:

PO BOX 67
TANGERINE, FL 32777

New Mailing Address:

FEI Number: 59-3610813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAPP, B J
7451 SADLER AVE #67
TANGERINE, FL 327770067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	STEWART, OWEN	
Address:	4993 SANDPIPER DR	
City-St-Zip:	ST JAMES CITY, FL 33956	
Title:	MGRM	( ) Delete
Name:	STEWART, SELENA	
Address:	4993 SANDPIPER DR	
City-St-Zip:	ST JAMES CITY, FL 33956	
Title:	MGRM	( ) Delete
Name:	RAPP, M J	
Address:	7451 SADLER AVE	
City-St-Zip:	TANGERINE, FL	
Title:	MGRM	( ) Delete
Name:	RAPP, B J	
Address:	7451 SADLER AVE	
City-St-Zip:	TANGERINE, FL	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BJ RAPP MS 06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date