2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State
05-09-2005 90051 035 ****50.00

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1. Entity Name
CLUB ASSIST U.S. LLC

Principal Place of Business	Mailing Address
232 HERTZBERG ROAD, SUITE 203 KANATA, ONTARIO K2K 2A1 CANA.	232 HERTZBERG ROAD, SUITE 203 KANATA, ONTARIO K2K 2A1 CANA.

DO NOT WRITE IN THIS SPACE

04262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
98-0361710
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CLUB ASSIST NORTH AMERICA INC.
STREET ADDRESS	232 HERTZBERG ROAD, SUITE 203
CITY-ST-ZIP	KANATA, ONTARIO K2K 2A1 CANA.
TITLE	MGR
NAME	AUTO CLUB SYSTEMS, INC.
STREET ADDRESS	6080 CENTER DRIVE
CITY-ST-ZIP	LOS ANGELES, CA 90045
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ DAVID BEATTY 6/16/2005 613 591 8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #