


FILED
IMPORTANT INSTRUCTIONS pr 22, 2005 08:00 AM
Secretary of State

• Make check payable to Florida Department of State.

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000023840 1. Entity Name 526 CLEMATIS REALTY LLC	
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Principal Place of Business 10535 RIO HERMOSO DELRAY BEACH, FL 33446	Mailing Address 10535 RIO HERMOSO DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE



04062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1848339	Applied For <input type="checkbox"/> Not Applicable
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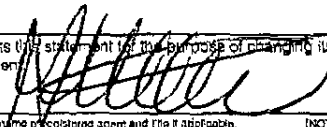
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRECHTER, GLENN S
10535 RIO HERMOSO
DELRAY BEACH, FL 33446**

DO NOT WRITE
IN THIS SPACE

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 **4/19/05**

*Signature, typed or printed name of registered agent and Title if applicable. (NOTE: Registered Agent's signature required when reappointing)

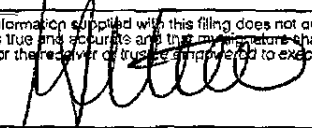
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MEM
NAME	FRECHTER, GLENN
STREET ADDRESS	10535 RIO HERMOSO
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000324820
04/22/05-80107-024 50.00

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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:  DATE **4/19/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #