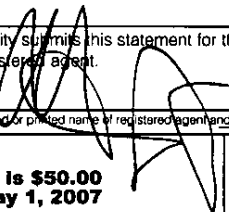
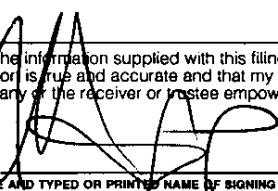


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90037 009 ****50.00

DOCUMENT # L03000041431					
1. Entity Name HUPP RETAIL CLARK LLC					
Principal Place of Business 635 CT ST STE 201 CLEARWATER, FL 33756			Mailing Address 635 CT ST STE 201 CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 907 S. Ft. Harrison Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 102			
City & State		City & State Clearwater FL			
Zip	Country	Zip 33756	Country USA	03302007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 57-1189904				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HUPP, ANDREW 907 S FT HARRISON AVE STE 102 CLEARWATER, FL 33756			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:  Andrew J. Hupp, Mgr. 4/1/07 Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUPP, ANDREW 907 S FT HARRISON AVE, # 102 CLEARWATER, FL 33756	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Andrew J. Hupp, Mgr. 4/1/07 (727) 210-1900 Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #		