

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018870

1. Entity Name
313 CLEMATIS PARTNERS, LLC



Principal Place of Business
**1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139**

Mailing Address
**1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139**



03012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0007221

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELOFF, JONATHAN D
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JONATHAN D. BELOFF AND MARISUE BELOFF
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 400
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	MGRM
NAME	NELSON FOX
STREET ADDRESS	500 LAKEVIEW COURT
CITY-ST-ZIP	MIAMI BEACH, FL 33140

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	

000000456123
03/16/06-80014-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #