


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

2006 JUN -2 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # M03000000227					
1. Entity Name S.E. RESIDENTIAL CLEARLAKE ASSOCIATES LLC					
Principal Place of Business 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022			Mailing Address 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2094464	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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.				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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	P V SOUTHEAST CLEARLAKE LLC		NAME		
STREET ADDRESS	825 THIRD AVENUE, 36TH FLOOR		STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY 10022		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Jeff Hertz</i>			5-19-06 212-224-5639		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



CORPORATION SERVICE COMPANY

MO30V0000227

ACCOUNT NO. : 072100000032

REFERENCE : 128508 5155201

AUTHORIZATION

*Lyndee Jensen*

COST LIMIT : \$ 50.00

2006 JUN -2 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : May 23, 2006

ORDER TIME : 12:42 PM

ORDER NO. : 128508-035

CUSTOMER NO: 5155201

*BK*

06 JUN -2 PM 2:53  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: S.E. RESIDENTIAL CLEARLAKE ASSOCIATES LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: \_\_\_\_\_