

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000111746</b> 1. Entity Name PHILIP CLEMENTS GROUP, LLC	
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Principal Place of Business 201 LAGOON DR PALM HARBOR, FL 34683	Mailing Address P.O. BOX 6705 OZONA, FL 34660
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04092008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3826540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  O'CONNOR, PATRICK M ESQ. C/O O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000896915  
04/25/08-80027-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMENTS, PHILIP POB 6705 OZONA, FL 34660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLUNKETT, PATRICIA POB 6705 OZONA, FL 34660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   

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: *Patricia Plunkett*      *PAT. PLUNKETT*      *Director*      *4-8-08 727 543-3549*

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