2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03000001634

1. Entity Name

CLARA PLACE PARTNERS LLLP



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business 201 S. AMELIA AVE. G-4 DELAND, FL 32724

Mailing Address

201 S. AMELIA AVE. G-4 DELAND, FL 32724



02272007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-0436238 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

GUIRLINGER, ROBERT A 201 S. AMELIA AVE. G-4 DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the	purpose of changing its registere	d office or registered agent	, or both, in the State of Florida.	1 am familiar with, and acc	epi
the obligations of registered agent.					
			U0000071	9843	
SIGNATURE			APP 1014 1000 AA	A. P. J. B.	
Signature, typed or printed name of registered agent and title	if applicable.		05/01/07+80	JUST 508. 13	

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION 12. DOCUMENT # P31179 NAME CENTRAL MANAGEMENT COMPANY OF OHIO, INC. STREET ADORESS 201 S. AMELIA AVE. G-4 CITY-ST-ZIP DELAND, FL 32724 DOCUMENT# NAME STREET ADDRESS DITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-16-07

6148632727