


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**RECEIVED**

|   |                          |                                 |   |   |                                   |
|---|--------------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # L00000001411</b>  |                          |                                 |   |  |                                   |
| 1. Entity Name<br><b>M.D. CLERMONT, LLC</b>   |                          |                                 |   |   |                                   |
| Principal Place of Business<br><b>1601 BELVEDERE ROAD<br/>SUITE #407 SOUTH<br/>WEST PALM BEACH FL 33406</b>   |                          |                                 | Mailing Address<br><b>1601 BELVEDERE ROAD<br/>SUITE #407 SOUTH<br/>WEST PALM BEACH FL 33406</b> |   |                                   |
| 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 <b>65-1047549</b>   |                                   |
|   |                          |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable                            |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |                          |                                 |   |   |                                   |
| 6. Name and Address of Current Registered Agent<br><b>MAPES, PAUL<br/>1601 BELVEDERE ROAD<br/>SUITE #407 SOUTH<br/>WEST PALM BEACH FL 33406</b>   |                          |                                 | 7. Name and Address of New Registered Agent   |   |                                   |
|   |                          |                                 | Name  |   |                                   |
|   |                          |                                 | Street Address (P.O. Box Number is Not Acceptable)  |   |                                   |
|   |                          |                                 | City  |   |                                   |
|   |                          |                                 | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when retreating)   |                          |                                 |   |   |                                   |
| DATE _____  |                          |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |                          |                                 |   |   |                                   |
| 9. MANAGING MEMBERS/MANAGERS  |                          |                                 | 10. ADDITIONS/CHANGES   |   |                                   |
| TITLE   | MGRM                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | MEYER DEVELOPMENT, LLC   |                                 | NAME  |   |                                   |
| STREET ADDRESS  | 1601 BELVEDERE ROAD      |                                 | STREET ADDRESS  |   |                                   |
| CITY- ST- ZIP   | WEST PALM BEACH FL 33406 |                                 | 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 exemption stated in Section 119.07(3)(b), 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:**

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

**4/30/05**

**561-689-6601**

Date

Daytime Phone #