2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004212 1. Entity Name LARRY'S CLAMHOUSE, L.L.C.							FILED 01 APR 23 PM 4: 08				
Chinainal Dia			<u> </u>	- 	SECRETA TALLAHAS	RY OF S	TATE				
Principal Place of Business Mailing Address 700 N. OLIVE AVENUE 700 N. OLIVE AVENUE							MERHINS	St.E. FLI	DRIDA		
WEST PALM		3401	WEST PALM BEACH FL 33401								
2. Principal P	lace of Busin	ness	,				 	ł Co rt, Dist y (1874)	. IISIN IKB 1961		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State			4. FEI	Number		 	pplied For	
Zip		Country	Zip	ip Counti		5. Cert	ificate of Status Desired		\$5.00 Add Fee Require	litional	
6. Name and Address of Current Registered Agent						. 7. Nam	e and Address of New	Registered	Agent		
SCHULTZ, AMY E						Name					
700 N. OLIVE AVENUE						Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH FL 33401							•	_			
					City	FL 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.											
SIGNATURE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with the printed in the p							ing)	DATE			
			FILE No Make Check Pa		EE IS \$50.0 Departmen						
9.	MANAGING MEMBE	-		ADDITION	S/CHANGES	3					
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NAME STREET ADDRESS		WRENCE S JR. EVIEW, SUITE 160-304		NAME STREE	ET ADDRESS					1	
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11. I hereby c	ertify that the	information supplied with t	his filing does not qualify for nathing light ture shall have t	the exen	nption stated in legal effect as	Section 119.	07(3)(i), Florida Statutes	. I further cer	rtify that the in	formation of the	
11. I hereby certify that the information supplied with this filing costs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that his propriative 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: 400 TYPED OB PRINTED NAME OF SIGNING MANAGEN, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *											