

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90084 036 \*\*\*138.75

**60017065**



01112008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L01000000331</b> 1. Entity Name <b>CLARK &amp; ASSOCIATES, L.C.</b>																																	
Principal Place of Business <b>575 S WICKHAM RD SUITE E WEST MELBOURNE, FL 32904</b>			Mailing Address <b>575 S WICKHAM RD SUITE E WEST MELBOURNE, FL 32904</b>																														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number <b>59-3481074</b>																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent  <b>CLARK, CARY A 575 S WICKHAM RD WEST MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent Name <b>COY A CLARK</b> Street Address (P.O. Box Number is Not Acceptable) <b>575 S. WICKHAM RD</b> City <b>W MELBOURNE</b> <b>FL</b> Zip Code <b>32904</b>																														
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 <u><i>Coy A. Clark</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGRM CLARK, COY A 575 S. WICKHAM RD. SUITE E W. MELBOURNE, FL 32904</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLARK, COY A 575 S. WICKHAM RD. SUITE E W. MELBOURNE, FL 32904</b> <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CLARK, COY A 575 S. WICKHAM RD. SUITE E W. MELBOURNE, FL 32904</b> <input type="checkbox"/> Delete																																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																
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: <u><i>Coy A. Clark</i></u> <b>COY A. CLARK</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><i>2/4/08</i></u> Daytime Phone # <u><i>321/723-9888</i></u>																														