


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90043 040 \*\*\*\*55.00

<b>DOCUMENT # L01000005630</b> 1. Entity Name 209 CLARKE, L.L.C.	
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Principal Place of Business 1929 PORTAGE LANDING NORTH PALM BEACH, FL 33408	Mailing Address 1929 PORTAGE LANDING NORTH PALM BEACH, FL 33408
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**DO NOT WRITE IN THIS SPACE**

07012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1100599	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDELSON, JOSHUA  
1929 PORTAGE LANDING  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

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.

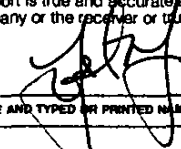
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDELSON, JOSHUA 1919 PORTAGE LANDING NORTH PALM BEACH, FL 33408
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does 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 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:**  **7/09/05** **561.776.8226**

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