


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90245 041 ****50.00

DOCUMENT # L01000016734	
1. Entity Name CLIPPER LANE ASSOCIATES LLC	

Principal Place of Business % MARVIN S. ROSEN 222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH, FL 33401	Mailing Address % MARVIN S. ROSEN 222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH, FL 33401
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20010310



2. Principal Place of Business 800 S. MILWAUKEE AVE Suite, Apt. #, etc. STE 170 City & State LIBERTYVILLE IL Zip 60048 Country US	3. Mailing Address 800 S. MILWAUKEE AVE Suite, Apt. #, etc. STE 170 City & State LIBERTYVILLE IL Zip 60048 Country US
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01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 36-4472392 NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSEN, MARVIN S 222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name DENNIS R EGIDI Street Address (P.O. Box Number is Not Acceptable) 246 SPRING LINE DR City NAPLES FL Zip Code 34102
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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 <i>Dennis R Egidi</i>	DATE 2-20-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRE, INC. 800 S MILWAUKEE STE 160 LIBERTYVILLE, IL 60048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Dennis R Egidi</i>	DATE 2-20-06 DAYTIME PHONE 847-816-6400

ATTACHMENT

200/0310

CLIPPER LANE ASSOCIATES, LLC

800 South Milwaukee Avenue, Suite 170
Libertyville, Illinois 60048-3255
Tel: 847-816-6400 * Fax: 847-816-6783

February 20, 2006

Divisions of Corporations
PO Box 6478
Tallahassee, FL 32314

Re: Document # 01000016734
Clipper Lane Associates, LLC

Ladies/Gentlemen:

Enclosed for filing is the *2006 Limited Liability Company Annual Report* and our check in the amount of \$50.00 for the filing fee.

Sincerely,

CLIPPER LANE ASSOCIATES, LLC
By: DRE, Inc., its managing member

By: Dennis R Egid *lae*
Dennis R. Egid
President

dc
Enclosures