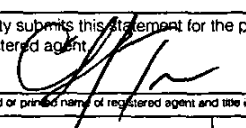
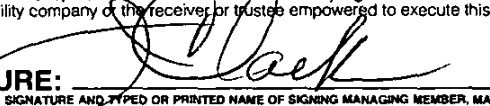


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:02

DOCUMENT # L01000016759 1. Entity Name CLARK PROPERTIES, LLC					
Principal Place of Business 421 S. PINE AVE. OCALA, FL 34474			Mailing Address 421 S. PINE AVE. OCALA, FL 34474		
2. Principal Place of Business P.O. Box 21 N. MAGNOLIA AVE		3. Mailing Address P.O. Box 190			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. OCALA, FL			
City & State OCALA FL		City & State 		4. FEI Number 59-3046098	
Zip 34475		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TROW, CHESTER J 1 NE FIRST AVE, SUITE 303 OCALA, FL 34470		7. Name and Address of New Registered Agent Name TROW, CHESTER J Street Address (P.O.-Box Number is Not Acceptable) 21 NORTH MAGNOLIA AVENUE SECOND FLOOR City OCALA FL Zip Code 34475			
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  DATE 3/16/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HICKS, DANIEL TRUSTEE 421 S. PINE AVE. OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300053695223 05/03/05--01049--002 ☐ Change ☐ Addition **311.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACK A. CLARK 2216 ASHLEY CT OCALA FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 of 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			Date 5/9/05 Daytime Phone # 752-732-8121		