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	Mailing Address
~~421 S. PINE AVE.~~ OCALA, FL 34474	~~421 S. PINE AVE.~~ OCALA, FL 34474

02282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
~~P. O. Box~~ 21 N. MAGNOLIA AVE		P. O. Box 190	
Suite, Apt. #, etc.		Suite, Apt. #, etc. OCALA, FL	
City & State: OCALA FL		City & State	
Zip: 34475	Country: USA	Zip: 34478	Country: USA

4. FEI Number: 59-3046098 — Applied For / Not Applicable

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 [signature] 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	~~MGR~~	☒ Delete	TITLE	300053695223	☐ Change ☐ Addition
NAME	~~HICKS, DANIEL TRUSTEE~~		NAME	05/03/05--01049--002 **311.25	
STREET ADDRESS	~~421 S. PINE AVE.~~		STREET ADDRESS		
CITY-ST-ZIP	~~OCALA, FL 34474~~		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACK A. CLARK		NAME		
STREET ADDRESS	2216 ASHLEY CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 5/9/05 352-732-8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #