

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000016759

**FILED**  
**Feb 26, 2007**  
**Secretary of State**

**Entity Name:** CLARK PROPERTIES, LLC

**Current Principal Place of Business:**

2216 ASHLEY COURT  
OCALA, FL 34471

**New Principal Place of Business:**

1305 EAST FORT KING STREET  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 190  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 90-0236034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROW, CHESTER J  
21 N MAGNOLIA AVENUE  
SECOND BL  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CLARK, JACK A  
Address: 2216 ASHLEY CT  
City-St-Zip: OCALA, FL 34471

Title: MGR ( ) Delete  
Name: CLARK, DAVID W  
Address: P.O. BOX 6315  
City-St-Zip: OCALA, FL 34478 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W. CLARK

MGR

02/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date