


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011785

1. Entity Name
6245 CLARK CENTER AVENUE, LLC



Principal Place of Business
4131 BOCA POINTE DRIVE
SARASOTA, FL 34238

Mailing Address
4131 BOCA POINTE DRIVE
SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE



01172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3686151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDLOCK, JESSE
4131 BOCA POINTE DRIVE
SARASOTA, FL 34238

**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 _____ DATE _____
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, 2006**

00000456000
03/16/06-80013-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDLOCK INVESTMENTS, LLC 4131 BOCA POINTE DRIVE SARASOTA, FL 34238
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Jesse Medlock Date: 3/4/06 Daytime Phone #: 941-371-6520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE