2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# L02000027741

Entity Name: CLARK ESTATE, LLC

Current Principal Place of Business:

10869 SKYLARK ESTATES LN
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10869 SKYLARK ESTATES LN
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 26-0056150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, NOEL P
10869 SKYLARK ESTATES LN
JACKSONVILLE, FL 32257

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/MEMBERS:

Title: VP ( ) Delete
Name: CLARK, NOEL
Address: 10869 SKYLARK ESTATES LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: P ( ) Delete
Name: CLARK, ANNELIESE
Address: 10869 SKYLARK ESTATES LN
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CLARK, NOEL
Address: 10869 SKYLARK ESTATES LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM (X) Change ( ) Addition
Name: CLARK, ANNELIESE
Address: 10869 SKYLARK ESTATES LN
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NOEL CLARK MGR 01/06/2004

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