

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000027814
 1. Entity Name
CONLEY CLAN, LLC



Principal Place of Business 26603 S.W. 173RD PLACE HOMESTEAD, FL 33031	Mailing Address 26603 S.W. 173RD PLACE HOMESTEAD, FL 33031
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02252007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4221218	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

LEDER, NATHAN I
5200 BLUE LAGOON DRIVE, SUITE 600
MIAMI, FL 33031

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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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ELIZABETH ANN 26603 S.W. 173RD PLACE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/03/07-80011-021 50.00

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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: *Cynthia C. King* **CYNTHIA C. KING** *3/10/07* **305-245-6862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #