


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027814</b> 1. Entity Name <b>CONLEY CLAN, LLC</b>	
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Principal Place of Business <b>26603 S.W. 173RD PLACE HOMESTEAD, FL 33031</b>	Mailing Address <b>26603 S.W. 173RD PLACE HOMESTEAD, FL 33031</b>
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**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>13-4221218</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000306616  
05/05/08-80005-015-138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH, ELIZABETH ANN 26603 S.W. 173RD PLACE HOMESTEAD, FL 33031</b>
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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:  **CYNTHIA KING**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/16/08**  
Date

Daytime Phone #