


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000013847 1. Entity Name CLARA DAVID, LLC	
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Principal Place of Business 10743 VERSAILLES BLVD. CLERMONT, FL 34711	Mailing Address 10743 VERSAILLES BLVD. CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2350459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LORAH, YVONNE 10743 VERSAILLES BLVD. CLERMONT, FL 34711

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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 _____ (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORAH, YVONNE 10743 VERSAILLES BLVD. CLERMONT, FL 34711
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<p>U000000581228 01/10/07-80080-002 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>Yvonne Lorah</i> <i>Yvonne Lorah</i> <i>1/7/2007</i> <i>407 234-5835</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
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