2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
03-10-2004 90187 044 ***150.00

DOCUMENT # L03000024646

1. Entity Name

~~215~~ CLEMATIS, LLC

Principal Place of Business	Mailing Address
215 CLEMATIS STREET WEST PALM BEACH FL 33401	215 CLEMATIS STREET WEST PALM BEACH FL 33401
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E083 (11/03)

4. FEI Number: 20-0231599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MACGIBBON, B. DOUGLAS~~ ~~1615 FORUM PLACE, SUITE 4C~~ WEST PALM BEACH FL 33401	Name: Elliot Sprung Street Address (P.O. Box Number is Not Acceptable): 18671 Collins Ave #607 City: Sunny Isles FL Zip Code: 33160

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: [signature] 3/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elliot Sprung 18671 Collins Ave #2902 Sunny Isles, FL 33160	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Co David Sprung 19111 Collins Ave #607 Sunny Isles FL 33160	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 2/23/04 (786) 897-4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #