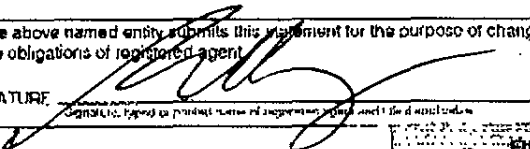
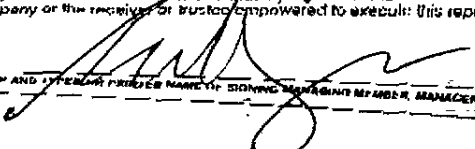


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024646					
1. Entity Name 215 CLEMATIS, LLC					
Principal Place of Business 215 CLEMATIS STREET WEST PALM BEACH FL 33401			Mailing Address 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	4. FEI Number 20-0231599	
				Applied For ☐ Additional Fee Required	
5. Certificate of Status Desired ☐				\$5.00	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPRING, ELLIOT 10671 COLLINS AVE #607 SUNNY ISLES FL 33160				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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  ELLIOT SPRUNG 2/24/05					
FILE NOW!!! FEE IS \$60.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS					
NAME	P	☐ Delete	10. ADDITIONS/CHANGES		
NAME	SPRUNG, ELLIOT		☐ Change ☐ Addition 000000249188 03/02/05-80063-001 150.00		
STREET ADDRESS	18671 COLLINS AVE #2502				
CITY ST ZIP	SUNNY ISLES FL 33160				
NAME	PC	☐ Delete			
NAME	SPRUNG, DAVID		☐ Change ☐ Addition		
STREET ADDRESS	19111 COLLINS AVE #607				
CITY ST ZIP	SUNNY ISLES FL 33160				
NAME		☐ Delete	☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY ST ZIP					
NAME		☐ Delete	☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY ST ZIP					
NAME		☐ Delete	☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY ST ZIP					
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:  ELLIOT SPRUNG (786) 897-4804					
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: _____					