


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90186 015 \*\*\*\*50.00

<b>DOCUMENT # L03000024646</b> 1. Entity Name <b>215 CLEMATIS, LLC</b>	
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Principal Place of Business <b>215 CLEMATIS STREET WEST PALM BEACH FL 33401</b>	Mailing Address <b>215 CLEMATIS STREET WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>427 LINCOLN RD</b> Suite, Apt. #, etc. City & State <b>MIAMI BEACH FL</b> Zip <b>33139</b> Country <b>USA</b>
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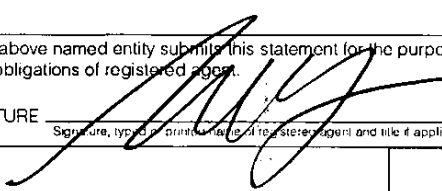


20-0234917  
1st MOORE CR2E083 (10/06)

4. FEI Number <b>20-0234917</b>	Applied For <input type="checkbox"/> 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 <b>SPRING, ELLIOT 18671 COLLINS AVE, # 2902 SUNNY ISLES FL 33160</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 **3-8-07**

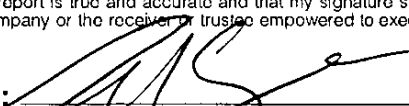
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SPRUNG, ELLIOT 18671 COLLINS AVE, # 2902 SUNNY ISLES FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC SPRUNG, DAVID 19111 COLLINS AVE #607 SUNNY ISLES F 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **3-8-07** (786) 8974804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE