

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90035 046 \*\*\*\*50.00

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01052006 Chg-LLC CR2E083 (11/05)

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L03000030806</b><br>1. Entity Name<br>1322 CLEARLAKE, LLC  |   |  |   |   |  |
| Principal Place of Business<br>1300 NORTH FEDERAL HIGHWAY, SUITE 202<br>BOCA RATON, FL 33432   |   |  | Mailing Address<br>1300 NORTH FEDERAL HIGHWAY, SUITE 202<br>BOCA RATON, FL 33432  |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   | 4. FEI Number<br>57-1183048   |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>THOMAS, DONALD J ESQ.<br>1200 NORTH FEDERAL HIGHWAY, SUITE 312<br>BOCA RATON, FL 33432  |   |  |   | 7. Name and Address of New Registered Agent<br>Name <u>PETER N. BONITATIBUS</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1300 NORTH FEDERAL HWY, SUITE 202</u><br>City <u>BOCA RATON</u> FL <u>33432</u> Zip Code <u>33432</u> |  |
| 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.<br>SIGNATURE <u>[Signature]</u> <u>PETER N BONITATIBUS</u> DATE <u>1/6/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                 |   |  |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS / MANAGERS   |   |  | 10. ADDITIONS / CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>SALAMONE, ANTHONY<br>1300 NORTH FEDERAL HIGHWAY, SUITE 202<br>BOCA RATON, FL 33432 | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                                    |   |   |  |
| 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: <u>Anthony Salamone</u> <u>ANTHONY SALAMONE</u> DATE <u>1/6/06</u> DAYTIME PHONE # <u>561-391-1411</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |   |  |