## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT. •

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000030806

1. Entity Name 1322 CLEARLAKE, LLC



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1300 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON, FL 33432 1300 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON, FL 33432



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1183048

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

BONITATIBUS, PETER N 1300 NORM FEDERAL HIGHWAY SUITE 202 BOCA RATON, FL 33432

SIGNATURE:

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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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGR SALAMONE, ANTHONY 1300 NORTH FEDERAL HIGHWAY, SUITE 202 BOCA RATON, FL 33432		U00000580129 01/10/07-80035-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/10/01 00033 000 30:00 .
TITLE NAME STHEET ADDRESS CITY-SI-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

ANTHONY SALAMONE