

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90084 007 \*\*\*\*50.00

|  |   |                           |   |   |  |
|--|---|---------------------------|---|---|--|
| <b>DOCUMENT # L04000010706</b>   |   |                           |   |   |  |
| <b>1. Entity Name</b><br>CLIFFORD PIERCE "LLC"   |   |                           |   |   |  |
| <b>Principal Place of Business</b><br>1339 STEPHENS STREET<br>JENNINGS FL 32053  |   |                           | <b>Mailing Address</b><br>1339 STEPHENS STREET<br>JENNINGS FL 32053 |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |   |   |  |
| City & State   |   | City & State              |   |   |  |
| Zip  | Country   | Zip                       | Country   | <b>4. FEI Number</b><br><div style="font-size: 1.5em; font-family: cursive;">34-1984707</div> |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |                           |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>PIERCE, CLIFFORD<br>1339 STEPHENS STREET<br>JENNINGS FL 32053  |   |                           |   | <b>7. Name and Address of New Registered Agent</b>  |  |
| Name   |   |                           |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
| City   |   |                           |   | FL Zip Code   |  |
| <b>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.</b>   |   |                           |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)   |   |                           |   |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>   |   |                           |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                           | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>PIERCE, CLIFFORD<br>1339 STEPHENS STREET<br>JENNINGS FL 32053 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| 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"/> Change <input type="checkbox"/> Addition                             |  |
| 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"/> Change <input type="checkbox"/> Addition                             |  |
| 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"/> Change <input type="checkbox"/> Addition                             |  |
| 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"/> Change <input type="checkbox"/> Addition                             |  |
| 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"/> Change <input type="checkbox"/> Addition                             |  |
| <b>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.</b> |   |                           |   |   |  |
| <b>SIGNATURE:</b>  |   |                           | 1-19-05 (386)938-3261   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                           | Date Daytime Phone #  |   |  |