2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# L04000013790

Entity Name: SA-CLEWISTON, LLC

Current Principal Place of Business:

44 SOUTH BROADWAY
SUITE 614
WHITE PLAINS, NY 10601

New Principal Place of Business:

Current Mailing Address:

44 SOUTH BROADWAY
SUITE 614
WHITE PLAINS, NY 10601

New Mailing Address:

FEI Number: 20-0811786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, A. KENNETH
101 N. MONROE STREET
SUITE 725
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REBACK, P.A., JOSEPH L
FOUR SEASONS TOWER, 1441 BRICKELL AVENUE
15TH FLOOR
MIAMI, FL 33131 US

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.

SIGNATURE: JOSEPH L. REBACK, P.A. 03/22/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHC-SPC OPERATOR, IN, C.
Address: 44 SOUTH BROADWAY, SUITE 614
City-St-Zip: WHITE PLAINS, NY 10601

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD KASE PRES 03/22/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date