2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
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:

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

Name and Address of New Registered Agent:

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: _____

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: MAXWELL STOLZBERG MGR 01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date