
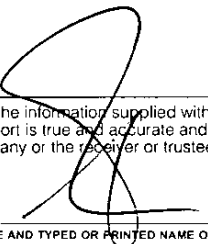


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90020 006 \*\*\*\*50.00

<b>DOCUMENT # L04000027921</b> 1. Entity Name A CLEAR TITLE COMPANY OF THE GLADES, LLC					
Principal Place of Business 110 NORTH MAIN STREET LABELLE, FL 33935			Mailing Address POST OFFICE BOX 1711 LABELLE, FL 33975		
2. Principal Place of Business - No P.O. Box # 777 W. Hickpoochee Ave.			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc. Suite B			Suite, Apt. #, etc.		
City & State LaBelle, FL			City & State		
Zip 33935		Country		Zip Country	
6. Name and Address of Current Registered Agent  RAMUNNI, STEVEN A 110 NORTH MAIN STREET LABELLE, FL 33935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 777 W. Hickpoochee Ave. Suite B City LaBelle FL Zip Code 33935	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMUNNI, STEVEN A 110 NORTH MAIN STREET LABELLE, FL 33935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	777 W. Hickpoochee Ave. Suite B LaBelle, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> 			Steven A. Ramunni		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/12/07 Daytime Phone 863-675-6705		