

Apr-24-05 02:12

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90026 020 ***150.00

DOCUMENT # L04000048639			
1. Entity Name CLARION ASSOCIATES MANAGEMENT, LLC			
Principal Place of Business 6381 VIA ROSA BOCA RATON, FL 33433		Mailing Address 6381 VIA ROSA BOCA RATON, FL 33433	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. H&I Number 27-0695708		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, ROBERT D- 4700 N.W. BOCA RATON BLVD., SUITE B-201 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. The above named entity certifies 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 state if applicable. (NOTE: Registered Agent signature required when changing agent.)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
MGRM HAKIM, SELWYN 6381 VIA ROSA BOCA RATON, FL 33433		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing meets all quality for the company stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and correct, 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 liquidator empowered to execute this report as required by Chapter 506, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/25/05 5:17 0210 Date	