

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000060465**

**1. Entity Name  
ALBERT CLARK LLC**



**Principal Place of Business  
38340 ECHOLS ROAD  
LEESBURG, FL 34788**

**Mailing Address  
38340 ECHOLS ROAD  
LEESBURG, FL 34788**



02092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
26-5132030**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLARK, ALBERT  
38340 ECHOLS ROAD  
LEESBURG, FL 34788**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>CLARK, ALBERT</b>
<b>STREET ADDRESS</b>	<b>38340 ECHOLS ROAD</b>
<b>CITY-ST-ZIP</b>	<b>LEESBURG, FL 34788</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000530831  
05/06/06-80014-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

Signature and typed or printed name of signing managing member, or authorized representative

**Date**

**Daytime Phone #**