

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064496

Entity Name: CLEARLAKE, LLC

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

108 OAK GROVE LANE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

108 OAK GROVE LANE
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-2882146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELL, ROBIN M ESQ.
103 N. ATLANTIC AVE.
COCOA BEACH, FL 32931 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: MGRM () Delete
Name: YAMADA, HERBERT
Address: 108 OAK GROVE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM () Delete
Name: YAMADA, JANET K
Address: 108 OAK GROVE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM () Delete
Name: YAMADA, JACKIE
Address: 108 OAK GROVE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: YAMADA, JACLYN K
Address: 108 OAK GROVE LANE
City-St-Zip: MERRITT ISLAND, FL 32952

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: HERBERT YAMADA

MGRM

03/31/2007

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