2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# L04000077377

Entity Name: CLARKE ASSOCIATES, LLC

Current Principal Place of Business:

3157 EGREMONT DRIVE
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3157 EGREMONT DRIVE
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 20-1792550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARKE, JO ANN `
911 N. 25TH AVE.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

CLARKE, JO ANN `
3157 EGREMONT DRIVE
WEST PALM BEACH, FL 33406 US

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: _____ 07/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CLARKE, JO ANN
Address: 911 N. 25TH AVE.
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete
Name: MCCARDEL, CINDY
Address: 3157 EGREMONT DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLARKE, JO ANN
Address: 3157 EGREMONT DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

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 Section 119.07(3)(i), 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: JO ANN CLARKE MS. 07/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date