

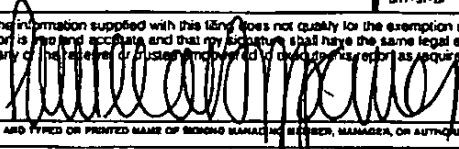


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/22/2005-90187-007 \$50.00-\$50.00
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 SEP 22 AM 10:35

DOCUMENT # L04000083109			
1. Entity Name CLARK'S LAKE LLC			
Principal Place of Business 219 WORTH AVENUE PALM BEACH, FL 33480		Mailing Address 219 WORTH AVENUE PALM BEACH, FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1885246		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR. 340 ROYAL PALM WAY SUITE 321 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: Pamela HOFFPAUER Street Address: 748 Hi-Moon Rd City: Palm Beach FL Zip: 33480	
8. The above named agent is authorized to accept for the filer the obligations of a registered agent. I am familiar with, and accept the obligations of the filer.			
SIGNATURE: 		DATE: 5/18/05	
Filing Fee is \$50.00 Due by September 7, 2005		20-1885246	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOFFPAUER, PAMELA S 219 WORTH AVENUE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 of the filer, or a person authorized to file this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 8/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day-Month-Year	