

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091774

Entity Name: HFAH CLEAR LAKE LLC

FILED  
Mar 26, 2008  
Secretary of State

**Current Principal Place of Business:**

% CORPORATE COUNSEL  
86 MAIN ST., 2ND FLOOR  
YONKERS, NY 10701

**New Principal Place of Business:**

**Current Mailing Address:**

% CORPORATE COUNSEL  
86 MAIN ST., 2ND FLOOR  
YONKERS, NY 10701

**New Mailing Address:**

FEI Number: 20-2146161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOHN, ROBERT M  
12773 WEST FOREST HILL BLVD.  
SUITE 204  
WELLINGTON, FL 33414 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: MGR ( ) Delete  
Name: KOHN, ROBERT M  
Address: 86 MAIN ST., 2ND FLOOR  
City-St-Zip: YONKERS, NY 10701

Title: MGR ( ) Delete  
Name: MACFARLANE, ROBERT A  
Address: 86 MAIN STREET, 2ND FLOOR  
City-St-Zip: YONKERS, NY 10701

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT MACFARLANE

MGR

03/26/2008

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