

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000000360

1. Entity Name
CLA SOUTH, LLC



Principal Place of Business

52 ADMIRALS DR. E.
 W. BAYSHORE NY 11706
 US

Mailing Address

52 ADMIRALS DR. E.
 W. BAYSHORE NY 11706
 US



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2164270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FIRM REAL ESTATE INVESTMENT CORP.
 C/O 1304 BARRINGTON CIR
 ST AUGUSTINE FL 32092

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME MERCOGLIANO, CHRIS
 STREET ADDRESS 1304 BARRINGTON CIRCLE
 CITY-STATE-ZIP ST. AUGUSTINE FL 32092

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE MGRM Delete
 NAME CAPARROS, JOSEPH F
 STREET ADDRESS 1304 BARRINGTON CIRCLE
 CITY-STATE-ZIP ST. AUGUSTINE FL 32092

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
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 CITY-STATE-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4/4/07 631-665-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #