

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000032160

**FILED**  
**Jun 13, 2006**  
**Secretary of State**

**Entity Name:** THE MOORINGS OF CLERMONT, LLC

**Current Principal Place of Business:**

1819 MAIN STREET  
SUITE 400  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1819 MAIN STREET  
SUITE 400  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

OLIVIER, JOHN ESQUIRE  
1819 MAIN STREET  
SUITE 400  
SARASOTA, FL 34236 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: MEMB ( ) Delete  
Name: CRAIG BACHRODT, LLC,  
Address: 3055 S.W. 53RD STREET  
City-St-Zip: OCALA, FL 34474 US

Title: MGRM ( ) Delete  
Name: BRYMAR DEVELOPMENT,, LLC  
Address: 4615 SW 42ND STREET  
City-St-Zip: OCALA, FL 34236 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CRAIG BACHRODT, LLC,  
Address: 3055 S.W. 53RD STREET  
City-St-Zip: OCALA, FL 34474 US

Title: MEMB (X) Change ( ) Addition  
Name: BRYMAR DEVELOPMENT,, LLC  
Address: 4615 SW 42ND STREET  
City-St-Zip: OCALA, FL 34236 US

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: CRAIG BACHRODT

MGR

06/13/2006

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