

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040337

Entity Name: CLEAR LAKE PALMS LLC

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

1492 S MIAMI AVE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

1492 S MIAMI AVE  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 20-2727907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CERVERA, JAVIER  
1492 S MIAMI AVE  
MIAMI, FL 33130 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: MGRM ( ) Delete  
Name: CERVERA, JAVIER  
Address: 1492 S MIAMI AVE  
City-St-Zip: MIAMI, FL 33130

Title: MGRM ( ) Delete  
Name: FORERO, HERNANDO  
Address: 1401 BRICKELL AVE STE 1010  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: FORERO, BEATRIZ  
Address: 1401 BRICKELL AVE STE 1010  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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

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 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: JAVIER CERVERA

MGRM

04/25/2006

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