

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040337

FILED
Apr 28, 2008
Secretary of State

Entity Name: CLEAR LAKE PALMS LLC

Current Principal Place of Business:

21 SW 15TH RD
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

21 SW 15TH RD
MIAMI, FL 33129

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:

INAKI SAIZARBITORIA ESQ
21 SW 15TH RD
MIAMI, FL 33129 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: MGRM (X) Change () Addition
Name: FORERO, HERNANDO
Address: 21 SW 15 ROAD
City-St-Zip: MIAMI, FL 33129

Title: MGRM (X) Change () Addition
Name: FORERO, BEATRIZ
Address: 21 SW 15 ROAD
City-St-Zip: MIAMI, FL 33129

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: HERNANDO FORERO

MGRM

04/28/2008

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