

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041540

FILED
Mar 02, 2007
Secretary of State

Entity Name: CLEAR LAKE LAND VENTURES, LLC

Current Principal Place of Business:

9347 DENTON AVENUE
UNIT B6
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

9347 DENTON AVENUE
UNIT B6
HUDSON, FL 34667

New Mailing Address:

10386 BEDFORD ROAD
SPRING HILL, FL 34608

FEI Number: 20-2749566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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: WHITE, DOROTHY
Address: 9347 DENTON AVENUE, UNIT B6
City-St-Zip: HUDSON, FL 34667

Title: MGRM () Delete
Name: WHITE, PATRICK
Address: 9347 DENTON AVENUE, UNIT B6
City-St-Zip: HUDSON, FL 34667

Title: MGRM () Delete
Name: PARDEE, JANINE
Address: 9347 DENTON AVENUE, UNIT B6
City-St-Zip: HUDSON, FL 34667

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: PATRICK WHITE

MGRM

03/02/2007

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