


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90046 005 ****50.00

DOCUMENT # L05000046672	
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Principal Place of Business 2821 N.E. 55TH PLACE FT. LAUDERDALE, FL 33308	Mailing Address P.O. BOX 5218 LIGHTHOUSE POINT, FL 33074-5218
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40104088



06212006 Chg-LLC CR2E083 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DASH, HARRIET 2821 N.E. 55TH PLACE FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, hand or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-appointing)

Filing Fee is \$50.00. Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CLARENCE HOUSE, INC. 2821 N.E. 55TH PLACE FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Harriet Dash HARRIET DASH 9-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #