


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051690		
1. Entity Name CLEAR LAKE FARM, LLC		

Principal Place of Business 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801	Mailing Address 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box # 250 East Colonial Drive Suite, Apt. #, etc. Suite 300	3. Mailing Address 250 East Colonial Drive Suite, Apt. #, etc. Suite 300
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32801	Country USA

6. Name and Address of Current Registered Agent KEATING, JOHN K 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name John Kingman Keating Street Address (P.O. Box Number is Not Acceptable) 250 East Colonial Drive, Suite 300 City Orlando, FL Zip Code 32801	
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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 Signature, typed or printed name of registered agent and title if applicable.	DATE 4/25/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEATING, JOHN K 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, OTTMAR W 1671 ASHLAND TRAIL OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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: John Kingman Keating	DATE: 4/25/08

FILED
08 APR 30 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2889669	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM John Kingman Keating 250 East Colonial Drive, Suite 300 Orlando, Florida 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
04/30/08--01043--021 **138.75 700127385827
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: John Kingman Keating	DATE: 4/25/08
407-425-2907	