

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90040 017 ***138.75


60037760



04032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2927486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L05000052834
1. Entity Name
CLEMANN AVENUE ACQUISITION GROUP, LLC



Principal Place of Business 2066 14TH AVENUE SUITE 101 VERO BEACH, FL 32960 US	Mailing Address 2066 14TH AVENUE SUITE 101 VERO BEACH, FL 32960 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRACKETT, ROBERT A
2066 14TH AV
SUITE 101
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRACKETT, ROBERT A 2066 14TH AV #101 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACKETT, DANIEL S 2066 14TH AV #101 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACKETT, ROBERT L 2066 14TH AV #101 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Robert A Brackett Date 4/30/2008 Daytime Phone # 772-567-4307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE