

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

02-16-2006 90146 018 ****50.00

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|--|------------------------|---|---|---------------|--|
| DOCUMENT # L05000074209 1. Entity Name CLINGHAM PROPERTIES, LLC | | | | | |
| Principal Place of Business 9485 SE 132ND LANE RD. SUMMERFIELD FL 34491 | | | Mailing Address 9485 SE 132ND LANE RD. SUMMERFIELD FL 34491 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For: <input checked="" type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent CLINGHAM, CLEVE D 9485 SE 132ND LANE RD. SUMMERFIELD FL 34491 | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | |
| 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 <u>Cleve D. Clingham</u> DATE <u>3/10/06</u> <small>(NOTE: Registered Agent signature required when renouncing)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | | |
| NAME | CLINGHAM, CLEVE D | | | | |
| STREET ADDRESS | 9485 SE 132ND LANE RD. | | | | |
| CITY - ST - ZIP | SUMMERFIELD FL 34491 | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| STREET ADDRESS | STREET ADDRESS | | | | |
| CITY - ST - ZIP | CITY - ST - ZIP | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Cleve D. Clingham</u> DATE <u>3/30/06</u> DAYTIME PHONE # <u>13521 454-5279</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |