

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 21, 2007 08:00 A
Secretary of State**DOCUMENT # L05000101059**

1. Entity Name

EASTERN CLAM MANAGEMENT, LLC

Principal Place of Business

**26 LAKE DRIVE
PALM BEACH SHORES, FL 33404**

Mailing Address

**26 LAKE DRIVE
PALM BEACH SHORES, FL 33404**

01092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYERS, ARTHUR R JR
26 LAKE DRIVE
PALM BEACH SHORES, FL 33404****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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007****9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MYERS, ARTHUR R II
STREET ADDRESS	26 LAKE DRIVE
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404

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05/31/07-80007-001 50.00**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:

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

Date

Daytime Phone #