2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # L06000016154 1. Entity Name CLEMATIS 416, LLC			04-25-2007 90032 026 ****55.00
Principal Place of Business 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469	Mailing Address 18745 S.E. FEDERAL HI TEQUESTA, FL 33469	GHWAY	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 416 CLMati	s st.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02202007 Chg-LLC CR2E083 (12/06)
West Palm Beach, FC		Beach, FC	4. FEI Number Applied For Not Applicable
33401 Country	33401	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
RUBENFELD, DAREN 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469		Entry Address	(R.O. Box Number is Northgreptable)
		West 1	alm Beach FL 233401
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) OATE			
Filing Fee is \$50.00 Due by May 1, 2007		,	Make check payable to Florida Department of State
9. MANAGING MEMBI		10.	ADDITIONS/CHANGES
NAME ROBEY + WILLER STREET ADDRESS 416 CLEMENT'S ST. CITY-ST-ZIP WYST PAIM BLACK	□ Delete h. FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 4/10/37 SIGNATURE AND TYPED OR PRIVITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #			