

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032951

FILED
Apr 16, 2009
Secretary of State

Entity Name: CLEMATIS STREET DEVELOPMENT, LLC

Current Principal Place of Business:

625 N. FLAGLER DR.
9TH FLOOR
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

219 CLEMATIS STREET
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

625 N. FLAGLER DR.
9TH FLOOR
WEST PALM BEACH, FL 33401 US

New Mailing Address:

219 CLEMATIS STREET
WEST PALM BEACH, FL 33401 US

FEI Number: 20-4659680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRASKER, PAUL ESQ.
625 NORTH FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASH, CLEVE
Address: 625 NORTH FLAGLER DRIVE, 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: MAYO, RODNEY
Address: 625 NORTH FLAGLER DRIVE, 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASH, CLEVE E
Address: 625 NORTH FLAGLER DRIVE, 9TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLEVE EDWARD MASH

MGRM

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date