


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90039 027 \*\*\*\*50.00

**DOCUMENT # L06000037672**

1. Entity Name  
**CLEARFORM EAST, L.L.C.**



Principal Place of Business  
**307 MANATEE AVENUE WEST  
 BRADENTON, FL 34206**

Mailing Address  
**307 MANATEE AVENUE WEST  
 BRADENTON, FL 34206XX**

2. Principal Place of Business - No P.O. Box #  
**3007 Manatee Ave West**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3007 Manatee Ave West**  
 Suite, Apt. #, etc.

City & State  
**Bradenton, FL**

City & State  
**Bradenton, FL**

Zip  
**34205**

Country  
**USA**

Zip  
**34205**

Country  
**USA**

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-8564512**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LISCH, ERNIE C**  
**307 MANATEE AVENUE WEST**  
**BRADENTON, FL 34206**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3007 Manatee Avenue West**

City **Bradenton** **FL** Zip Code **34205**

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)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

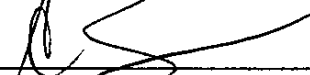
9. MANAGING MEMBERS/MANAGERS

TITLE MGR	FORMENTO, ALEXANDER	<input type="checkbox"/> Delete
STREET ADDRESS 548 LONG ACRE LANE		
CITY-ST-ZIP YARDLEY, PA 19067		
TITLE MGR	CLEARY, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS 40 WATERGATE DRIVE		
CITY-ST-ZIP ANAWALK, NY 10501		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Alexander Formento, Managing Member**

Date: **3-15-07** Daytime Phone #: **215-504-8111**