

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90452 016 ****50.00

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1. Entity Name
CLARA REALTY, LLC

Principal Place of Business
 9111 BAY POINT DRIVE
 ORLANDO, FL 32819

Mailing Address
 9111 BAY POINT DRIVE
 ORLANDO, FL 32819

40119729



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1500 San Remo Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
125

05012007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Coral Gables, FL

4. FEI Number
20-5047881

Applied For
 Not Applicable

Zip

Country

Zip
33146

Country
USA

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARTOLOMEI, ALBERTO J 9111 BAY POINT DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

5-17-07

Date

407-909-0214

Daytime Phone #