


2007-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90208 008 ****50.00

DOCUMENT # L06000085418		
1. Entity Name ROBERT C CLARKE LLC		
Principal Place of Business 126 BERMUDA CRT WINTER HAVEN FL 33880		Mailing Address 126 BERMUDA CRT WINTER HAVEN FL 33880



2. Principal Place of Business - No P.O. Box, # 126 Bermuda Ct Suite, Apt. #, etc.	3. Mailing Address 126 Bermuda Ct Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Winter Haven, FL	City & State Winter Haven, FL
Zip 33880	Zip 33880
Country Polk	Country Polk

4. FEI Number 261-70-0182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARKE, ROBERT C 126 BERMUDA CRT WINTER HAVEN FL 33880	
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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 **Robert C. Clarke ROBERT C. CLARKE** **2-15-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARKE, ROBERT C 126 BERMUDA CRT WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Clarke, Robert C 126 Bermuda CRT Winter Haven, FL 33880 <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 Section 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: **Robert C. Clarke ROBERT C. CLARKE** **2-16-07** **863 289-2127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #