2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099128

Entity Name: CLAM LLC

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

725 NE 2ND STREET # 11A MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

100 N BISCAYNE BLVD #500 MIAMI, FL 33132

FEI Number: 80-0171643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JADE ASSOCIATES MIAMI INC 100 N BISCAYNE BLVD SUITE 500 MIAMI, FL 33132 US

MANAGING MEMBERS/MANAGERS:

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

Electronic eightere of registered / (

ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition ALLOUCHE, CLAUDE ALLOUCHE, CLAUDE Name: Name: 725 NE 2ND STREET Address: 100 N BISCAYNE BLVD SUITE 500 Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33132

Title: MGRM Title: MGRM (X) Change () Addition () Delete ALLOUCHE, MICHELE Name: ALLOUCHE, MICHELE Name: Address: 100 N BISCAYNE BLVD Address: 100 N BISCAYNE BLVD SUITE 500 City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ALLOUCHE, ANTHONY Name: ALLOUCHE, ANTHONY Address: 100 N BISCAYNE BLVD Address: 100 N BISCAYNE BLVD SUITE 500

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ALLOUCHE, STANLEY Name: ALLOUCHE, STANLEY

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 MIAMI, FL 33132

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ALLOUCHE, HAROLD Name: ALLOUCHE, HAROLD

Address: 100 N BISCAYNE BLVD Address: 100 N BISCAYNE BLVD SUITE 500

City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33132

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: CLAUDE ALLOUCHE MGRM 02/11/2009