

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 017 ****50.00

60004100



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5876845** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARKE, ROBERT N JR.
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1805

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 _____ (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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CLARKE, ROBERT N JR. | |
| STREET ADDRESS | 4703 HIGH GROVE ROAD | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CLARKE, CONNIE L | |
| STREET ADDRESS | 4703 HIGH GROVE ROAD | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CLARKE, ROBERT N SR. | |
| STREET ADDRESS | 306 PLANTATION DRIVE | |
| CITY-ST-ZIP | WARNER ROBBINS, GA 310883210 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CLARKE, BARBARA A | |
| STREET ADDRESS | 306 PLANTATION DRIVE | |
| CITY-ST-ZIP | WARNER ROBBINS, GA 310883210 | |
| 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 | | |
| 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: *Robert N. Clarke Jr.* **ROBERT N. CLARKE JR** 01/17/07 4:18:22 PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #