

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116342

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: CLARK & PAYER ENTERPRISES LLC

## Current Principal Place of Business:

649 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 US

## New Principal Place of Business:

4277 EXCHANGE AVE  
STE 1  
NAPLES, FL 34104 US

## Current Mailing Address:

649 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 US

## New Mailing Address:

4277 EXCHANGE AVE  
STE 1  
NAPLES, FL 34104 US

FEI Number: 22-3946169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

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

## MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete  
Name: CLARK, CANDACE  
Address: 649 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: PAYER, SHELLEY  
Address: 649 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: CLARK, ALLEN  
Address: 649 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: PAYER, JAMES  
Address: 649 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: CLARK, CANDACE  
Address: 4277 EXCHANGE AVE #1  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: PAYER, SHELLEY  
Address: 4277 EXCHANGE AVE #1  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: CLARK, ALLEN  
Address: 4277 EXCHANGE AVE #1  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: PAYER, JAMES  
Address: 4277 EXCHANGE AVE #1  
City-St-Zip: NAPLES, FL 34104

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: CANDACE CLARK

D

04/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date