

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126101

FILED
Apr 17, 2009
Secretary of State

Entity Name: I.L. CLARKE PROPERTIES, LLC

Current Principal Place of Business:

150 RIBERIA STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 4142
ST. AUGUSTINE, FL 320854142

New Mailing Address:

FEI Number: 26-1619539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLI, DARRELL R
150 RIBERIA STREET
ST. AUGUSTINE, FL 32084 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: MGRM () Delete
Name: POLI, DARREL R
Address: PO BOX 173
City-St-Zip: ST. AUGUSTINE, FL 320850173

Title: MGRM () Delete
Name: DEMELLO, JEAN POLI
Address: 9943 WILDOAK DRIVE
City-St-Zip: SHREVEPORT, LA 71106

Title: MGRM () Delete
Name: GORGA, CAROLYN P
Address: 4102 BRAMBLETYE DR
City-St-Zip: GREENSBORO, NC 27407

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARRELL R. POLI

MGRM

04/17/2009

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