2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CLARKE, MCLEAN, GRIFFITHS & ASSOCIATES, LLC

Current Principal Place of Business:

2645 ARBOR LN
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 212901
ROYAL PALM BEACH, FL 33421 US

New Mailing Address:

FEI Number: 45-3515532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCLEAN, DEVON
2645 ARBOR LN
ROYAL PALM BEACH, FL 33411 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
Name: MCLEAN, DEVON
Address: P O BOX 212901
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM
Name: MCLEAN, CAMILLE
Address: P O BOX 212901
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM
Name: GRIFFITHS, PATRICK
Address: P O BOX 212901
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM
Name: GRIFFITHS, CHERYL
Address: P O BOX 212901
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM
Name: CLARKE, ROBERT
Address: P O BOX 212901
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM
Name: CLARKE, MARCIA
Address: P O BOX 212901
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

I hereby 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 Statues.

SIGNATURE: CAMILLE MCLEAN MGRM 03/30/2012

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