


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L93000000347</b> 1. Entity Name <b>CLEMATIS DEVELOPMENT GROUP, L.C.</b>	
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Principal Place of Business <b>217-231 CLEMATIS STREET WEST PALM BEACH, FL 33401</b>	Mailing Address <b>505 SOUTH FLAGLER DR STE 900 ATTN. DEBBIE WEST PALM BEACH, FL 33401</b>
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02042004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0444514</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HALL, ROBERT D  
505 S. FLAGLER DR  
STE 900  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, ROBERT D 27W725 WASHINGTON AVE. WINFIELD, IL 601901441
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, JAMES M 56 STONELEIGH RD. NEW CANAAN, CT 06840
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, DANIEL P 6576 DEER HOLLOW DR. SAN JOSE, CA 95120
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*X* 2/21/04

Date

561-832-9298

Daytime Phone #