

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L93000000347

1. Entity Name
CLEMATIS DEVELOPMENT GROUP, L.C.



Principal Place of Business
217-231 CLEMATIS STREET
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER DR
STE 900 ATTN: DEBBIE
WEST PALM BEACH, FL 33401



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0444514

Applied For
Not Applicable

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, ROBERT D 27W725 WASHINGTON AVE. WINFIELD, IL 601901441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, JAMES M 56 STONELEIGH RD. NEW CANAAN, CT 06840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, DANIEL P 6576 DEER HOLLOW DR. SAN JOSE, CA 95120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/02/05-80007-001 50.00

**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)(f), 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

1/27/05

Date

630-665-8089

Daytime Phone #