

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006543

FILED
Apr 15, 2009
Secretary of State

Entity Name: CLEWISTON INVESTMENTS & ASSOCIATES, LLC

Current Principal Place of Business:

7201 SHALLOWFORD RD
STE 200
CHATTANOOGA, TN 37421

New Principal Place of Business:

Current Mailing Address:

7201 SHALLOWFORD RD
STE 200
CHATTANOOGA, TN 37421

New Mailing Address:

FEI Number: 65-0955593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: SUNLAND ASSOCIATES, INC.
Address: 7201 SHALLOWFORD RD, STE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: MGR () Delete
Name: TAYLOR, CRAIG
Address: 7201 SHALLOWFORD RD, STE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: MGR () Delete
Name: O'BRIEN, JOHN P JR.
Address: 7201 SHALLOWFORD RD, STE 200
City-St-Zip: CHATTANOOGA, TN 37421

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: CRAIG TAYLOR

MGR

04/15/2009

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