

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90087 019 ****50.00

DOCUMENT # M00000000018

1. Entity Name

THE CLARK FAMILY, L.L.C.



Principal Place of Business
5621 BANCROFT DRIVE
NEW ORLEANS LA 70122

Mailing Address
5621 BANCROFT DRIVE
NEW ORLEANS LA 70122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-6201525

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, EDWARD L
489 FORT PICKENS
PENSACOLA BEACH FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CLARK, EMERY ANN
STREET ADDRESS 2407 LAKESHORE DRIVE
CITY-ST-ZIP MANDEVILLE LA 70448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CLARK, WILLIAM B
STREET ADDRESS 1389 MADRID
CITY-ST-ZIP NEW ORLEANS LA 70448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CLARK, BYRON E
STREET ADDRESS 285 REMINGTON DRIVE
CITY-ST-ZIP MANDEVILLE LA 70448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME JOHN COLLIN CLARK III
STREET ADDRESS 5621 BANCROFT DRIVE
CITY-ST-ZIP NEW ORLEANS LA 70122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CLARK, EDWARD L
STREET ADDRESS 489 FORT PICKENS RD.
CITY-ST-ZIP PENSACOLA FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CLARK, BEVERLY L
STREET ADDRESS 5621 BANCROFT DRIVE
CITY-ST-ZIP NEW ORLEANS LA 70122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

850-934-6383

SIGNATURE:

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

Date

Daytime Phone #

Edward L. Clark 8/6/04