

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000018

FILED  
Aug 26, 2008  
Secretary of State

Entity Name: THE CLARK FAMILY, L.L.C.

## Current Principal Place of Business:

2407 LAKESHORE DRIVE  
MANDEVILLE, LA 70448

## New Principal Place of Business:

## Current Mailing Address:

2407 LAKESHORE DRIVE  
MANDEVILLE, LA 70448

## New Mailing Address:

FEI Number: 72-6201525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

CLARK, EDWARD L  
475 FT PICKENS RD  
PENSACOLA BEACH, FL 32561      US

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: CLARK, EMERY ANN  
Address: 2407 LAKESHORE DRIVE  
City-St-Zip: MANDEVILLE, LA 70448

Title: MGRM ( ) Delete  
Name: CLARK, WILLIAM B  
Address: 1389 MADRID  
City-St-Zip: NEW ORLEANS, LA 70448

Title: MGRM ( ) Delete  
Name: CLARK, BYRON E  
Address: 285 REMINGTON DRIVE  
City-St-Zip: MANDEVILLE, LA 70448

Title: MGRM ( ) Delete  
Name: JOHN COLLIN CLARK II, I  
Address: 5621 BANCROFT DRIVE  
City-St-Zip: NEW ORLEANS, LA 70122

Title: MGRM ( ) Delete  
Name: CLARK, EDWARD L  
Address: 3500 MARYHILL LANE NW  
City-St-Zip: KENNESAW, GA 30152

Title: MGRM ( ) Delete  
Name: CLARK, BEVERLY L  
Address: 5621 BANCROFT DRIVE  
City-St-Zip: NEW ORLEANS, LA 70122

## 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:

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: EDWARD L CLARK

MGRM

08/26/2008

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