

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN -2 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M03000000227 1. Entity Name S.E. RESIDENTIAL CLEARLAKE ASSOCIATES LLC					
Principal Place of Business 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022			Mailing Address 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM P V SOUTHEAST CLEARLAKE LLC 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>			5-19-06 212-224-6039		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



CORPORATION SERVICE COMPANY

MO30V0000227

ACCOUNT NO. : 072100000032

REFERENCE : 128508 5155201

AUTHORIZATION

COST LIMIT : \$50.00

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2006 JUN -2 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 23, 2006

ORDER TIME : 12:42 PM

ORDER NO. : 128508-035

CUSTOMER NO: 5155201

BK

ANNUAL REPORT FILING

RECEIVED
06 JUN -2 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME: S.E. RESIDENTIAL CLEARLAKE
ASSOCIATES LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____