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Jul 27, 2007 8:00 am
Secretary of State
07-27-2007 90020 026 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000003129

1. Entity Name
CLUCK DESIGN COLLABORATIVE PLLC

60053572

Principal Place of Business	Mailing Address
~~814 EAST BOULEVARD~~ CHARLOTE, NC 28203	~~814 EAST BOULEVARD~~ CHARLOTE, NC 28203

07172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2923 SOUTH TRYON ST	2923 SOUTH TRYON ST
Suite, Apt. #, etc.: SUITE 250	Suite, Apt. #, etc.: SUITE 250
City & State: CHARLOTTE, NC	City & State: CHARLOTTE, NC
Zip: 28203 Country: U.S.	Zip: 28203 Country: U.S.

4. FEI Number: 81-0673744 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, KEVIN ~~814 EAST BOULEVARD~~ CHARLOTE, NC 28203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2923 SOUTH TRYON ST., SUITE 250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCORSONE, CHRIS ~~814 EAST BOULEVARD~~ CHARLOTE, NC 28203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 2923 SOUTH TRYON ST., SUITE 250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: KEVIN KENNEDY 07.24.07 7048192717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #