

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

6 Jul 07, 2008 8:00 am
Secretary of State

06-02-2008 90258 036 ***138.75

DOCUMENT # M07000000103 1. Entity Name CLAWSON ASSOCIATES, LLC					
Principal Place of Business 26918 HICKORY BLVD BONITA SPRINGS, FL 34134			Mailing Address 26918 HICKORY BLVD BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 368435			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Bonita Springs, FL		4. FEI Number 35-1771315	
Zip	Country	34136	USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAWSON, JOHN G 26918 HICKORY BLVD BONITA SPRINGS, FL 34134				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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and does if applicable.</small>		<small>(NOTE: Registered Agent signature required when re-registering)</small>		DATE	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAWSON, SCOTT G 11600 NW 54TH AVE GRIMES, IA 50111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT CLAWSON 176 Raptor Court Forsyth, IL 62535	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAWSON, CURTIS J 15300 CENTENNIAL DRIVE NORTHVILLE, MI 48168		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	
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: <u>John A. Clawson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOHRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					

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FL Zip Code