2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003913

Entity Name: CLEARMEADOW PARTNERS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
60 EDGEWATER DRIVE 17F CORAL GABLES, FL 33133	

Current Mailing Address:	**New Mailing Address:**
60 EDGEWATER DRIVE 17F CORAL GABLES, FL 33133	4 WEST 21 STREET 10C NEW YORK, NY 10010

FEI Number: 26-2138551   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:**
ROHAN, JORDAN 60 EDGEWATER DRIVE 17F CORAL GABLES, FL 33133 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: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	ROHAN, JORDAH	Name:	ROHAN, JORDAN
Address:	60 EDGEWATER DRIVE 17F	Address:	60 EDGEWATER DRIVE 17F
City-St-Zip:	CORAL GABLES, FL 33133	City-St-Zip:	CORAL GABLES, FL 33133

Title:	MGR (X) Delete	Title:	( ) Change ( ) Addition
Name:	KELLY, MICHAEL J	Name:	
Address:	70 LONG NELL POINT RD	Address:	
City-St-Zip:	DACIEN, CT 06820	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: JORDAN ROHAN   MGR   07/20/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date