


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

2006 JUN -2 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |  |   |   |                               |
|--|---|--|---|---|-------------------------------|
| DOCUMENT # M0300000227   |   |  |   |    |                               |
| 1. Entity Name<br>S.E. RESIDENTIAL CLEARLAKE ASSOCIATES LLC  |   |  |   |   |                               |
| Principal Place of Business<br>825 THIRD AVENUE, 36TH FLOOR<br>NEW YORK, NY 10022  |   |  | Mailing Address<br>825 THIRD AVENUE, 36TH FLOOR<br>NEW YORK, NY 10022 |   |                               |
| 2. Principal Place of Business   |   | 3. Mailing Address                                   |   |   |                               |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                  |   |   |                               |
| City & State   |   | City & State   |   |   |                               |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br>54-2094464   |                               |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |   |  |   | 7. Name and Address of New Registered Agent   |                               |
| Name   |   |  |   | Applied For   |                               |
| Street Address (P.O. Box Number is Not Acceptable)   |   |  |   | Not Applicable  |                               |
| City   |   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |                               |
| 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.  |   |  |   | 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  |   |  |   | DATE  |                               |
| Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)   |   |  |   | DATE  |                               |
| Filing Fee is \$50.00<br>Due by September 6, 2006  |   | Make check payable to<br>Florida Department of State |   |   |                               |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS / CHANGES   |   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>P V SOUTHEAST CLEARLAKE LLC<br>825 THIRD AVENUE, 36TH FLOOR<br>NEW YORK, NY 10022 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | 200075741612  |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>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>Jeff Hertz</i>   |   |  | Date: 5-19-06   |   | Daytime Phone #: 212-224-8639 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |   |   |                               |



CORPORATION SERVICE COMPANY

MO30V0000227

ACCOUNT NO. : 072100000032

REFERENCE : 128508 5155201

AUTHORIZATION

*Lyndee Jensen*

COST LIMIT : \$ 50.00

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

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ORDER DATE : May 23, 2006

ORDER TIME : 12:42 PM

ORDER NO. : 128508-035

CUSTOMER NO: 5155201

*BK*

06 JUN -2 PM 2:53  
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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

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: \_\_\_\_\_