

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-22-2004 90355 019 ****50.00

DOCUMENT # L00000013596 1. Entity Name CLEARWATER SEASHELL RESORT, L.C.					
Principal Place of Business 748 BROADWAY, STE. 202 DUNEDIN, FL 34698			Mailing Address 748 BROADWAY, STE. 202 DUNEDIN, FL 34698		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3733494	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KIMPTON, WILLIAM J 28059 U.S. HIGHWAY 19 NORTH, STE. 100 CLEARWATER, FL 33761			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M EGNEW, JAMES 748 BROADWAY, SUITE 202 DUNEDIN, FL 34698	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GEHRING, RICHARD 748 BROADWAY, SUITE 202 DUNEDIN, FL 34698	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KIMPTON, WILLIAM J 28059 U.S. 19 NORTH, #100 CLEARWATER, FL 33761	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HOOVER, VIN 101 23RD STREET CORBIN, KY 40701	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 345 Bayshore Boulevard Tampa, FL 33606 ☒ Change ☐ Addition
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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				Date 4/19/04 (727) 7910063	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE WILLIAM J. KIMPTON					

34005919



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