


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000001457  
 1. Entity Name  
 CLEAN PLAY, LLC.



Principal Place of Business: 4729 PALM BEACH BLVD., #20 EAST FORT MYERS, FL 33905  
 Mailing Address: 4729 PALM BEACH BLVD., #20 EAST FORT MYERS, FL 33905

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC CR2E083 (10/03)  
 4. FEI Number: 84-1635411 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BORGIA, ROSSI E  
 4729 PALM BEACH BLVD. #20  
 EAST FORT MYERS, FL 33905

**DO NOT WRITE IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005 **\$55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BORGIA, TAMMY S
STREET ADDRESS	4729 PALM BEACH BLVD., #20
CITY - ST - ZIP	EAST FORT MYERS, FL 33905
TITLE	MGRM
NAME	BORGIA, ROSSI E
STREET ADDRESS	4729 PALM BEACH BLVD., #20
CITY - ST - ZIP	EAST FORT MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000175316  
 01/10/05-80046-012 55.00  
**DO NOT WRITE IN THIS SPACE**

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: Rossie Borgia Date: Jan. 5<sup>th</sup>, 2005 Daytime Phone #: (239) 693-0894  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE