


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State


04-05-2004 90852 001 ***100.00

DOCUMENT # M01000001089
 1. Entity Name
CLEARSHOT HOLDINGS, LLC



Principal Place of Business 7 GREAT VALLEY PKWY STE 129 MALVERN, PA 19355	Mailing Address 7 GREAT VALLEY PKWY STE 129 MALVERN, PA 19355
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 23-3061793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARILE, J. KEVIN
 4830 W. KENNEDY BLVD., STE 304
 TAMPA, FL 33609

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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 _____

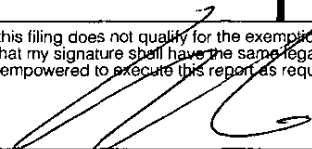
Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARILE, J. KEVIN 4830 W. KENNEDY BLVD., STE 340 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, THOMAS 7 GREAT VALLEY PKWY MALVERN, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLD III, JONATHAN L 7 GREAT VALLEY PKWY MALVERN, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SARAH G 7 GREAT VALLEY PKWY MALVERN, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, DAVID U 7 GREAT VALLEY PKWY MALVERN, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  3/22/04 (610-728 9019)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #