


**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90053 015 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # M98000001215  
 1. Entity Name  
 CLEARWATER KM, LLC



Principal Place of Business 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022	Mailing Address 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022
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60046036



07172008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 reappointing)

**FILE NOW!!! FEE IS \$138.75  
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISW PROPERTIES, INC. 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022
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**DO NOT WRITE  
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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: Steven L. Marton Steven L. Marton, Authorized Representative July 22, 2008 440-247-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #