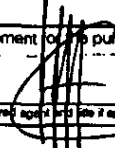


FILED
May 07, 2004 8:00 am
Secretary of State

4/16

04-16-2004 90420 033 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000028955			
1. Entity Name CLEARVIEW PARTNERS, LLC			
Principal Place of Business 2745 BRICKELL CT. MIAMI, FL 33129		Mailing Address 2745 BRICKELL CT. MIAMI, FL 33129	
2. Principal Place of Business 848 Brickell Ave.		3. Mailing Address 848 Brickell Ave.	
Suite, Apt. #, etc. 747		Suite, Apt. #, etc. 747	
City & State Miami		City & State Miami, FL 33131	
Zip FL		Zip 33131	
Country U.S.A.		Country	
4. FEI Number 20-0436483		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RILLO, TROY J C/O KIRKPATRICK & LOCKHART LLP 201 SOUTH BISCAYNE BLVD, 20TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Elliot Dornbusch Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Avenue - Ste. 747 City Miami FL Zip Code 33131	
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 4/13/04	
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	☐ 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
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
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 4/13/04 (305) 3776998	