FILED
May 07, 2004 8:00 am
Secretary of State
04-16-2004 90420 033 ****50.00

4/16

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028955

1. Entity Name
CLEARVIEW PARTNERS, LLC

34005454

Principal Place of Business	Mailing Address
2745 BRICKELL CT. MIAMI, FL 33129	2745 BRICKELL CT. MIAMI, FL 33129

04132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
848 Brickell Ave.	848 Brickell Ave.
Suite, Apt. #, etc. 747	Suite, Apt. #, etc. 747
City & State Miami	City & State Miami, Fl. 33131
Zip Fl. Country U.S.A.	Zip 33131 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: [signature] 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Delete	TITLE Director NAME Elliot Dornbusch STREET ADDRESS 848 Brickell Avenue STe. 747 CITY-ST-ZIP Miami, Fl. 33131	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/13/04 (305) 3776998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #