

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90206 029 ****50.00

DOCUMENT # L05000099863 1. Entity Name CLEARWATER MISSOURI AVE, LLC					
Principal Place of Business 19501 W. COUNTRY CLUB DR SUITE# 2613 AVENTURA, FL 33180			Mailing Address 19501 W. COUNTRY CLUB DR SUITE# 2613 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 3201 NE 183rd St Suite, Apt. #, etc. #602		3. Mailing Address 3201 NE 183rd St Suite, Apt. #, etc. 602			
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number 20-3900356	
Zip 33160		Zip 33160		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01222007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LEVITIS, ILYA 19501 W. COUNTRY CLUB DR. APT# 2613 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name LEVITIS, ILYA Street Address (P.O. Box Number is Not Acceptable) 3201 NE 183rd St, #602 City AVENTURA FL 33160		
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 2/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVITIS, ILYA 19501 W COUNTRY CLUB DR., APT# 2613 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3201 NE 183rd St, #602 AVENTURA, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERS, DOUGLAS 6023 LELAC RD BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 2/10/07 305-766-9161 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					