


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K36324**  
 1. Entity Name  
 CLW REALTY ASSET GROUP, INC.



Principal Place of Business      Mailing Address  
 4301 ANCHOR PLAZA PKWY      4301 ANCHOR PLAZA PKWY  
 SUITE 400      SUITE 400  
 TAMPA, FL 33634 US      TAMPA, FL 33634 US

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2909851      Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 HARTER, CRAIG  
 4301 ANCHOR PLAZA PKWY  
 SUITE 400  
 TAMPA, FL 33634

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROTHSCHILD, DOUGLAS C
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	ST
NAME	HARTER, CRAIG R.
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	VARSAMES, LOUIS
STREET ADDRESS	4301 ANCHOR PLAZA PKWY STE 400
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/29/08-80066-016 158.75

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **3/31/08** **(813) 287-2285**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #