


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008903 1. Entity Name R & R CLEARWATER BAY, LLC																																										
Principal Place of Business 1014 SUNNYDALE BLVD. CLEARWATER, FL 33755	Mailing Address 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent BHOOLA, MANOJ 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118		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 _____ <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, 2005																																										
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>BHANA, RANJANA</td></tr><tr><td>STREET ADDRESS</td><td>444 SEABREEZE BLVD, SUITE 200</td></tr><tr><td>CITY - ST - ZIP</td><td>DAYTONA BEACH, FL 32118</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	BHANA, RANJANA	STREET ADDRESS	444 SEABREEZE BLVD, SUITE 200	CITY - ST - ZIP	DAYTONA BEACH, FL 32118	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>2/1/05</u> Daytime Phone # <u>386-255-2527</u>																																								



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3689291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

U000000214993
02/04/05-80030-023 50.00