

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90495 005 ****50.00

DOCUMENT # L00000013349



1. Entity Name
CLEARWATER REAL ESTATE HOLDINGS, LLC

Principal Place of Business
**777 S. HARBOUR ISLAND BLVD., SUITE 765
TAMPA, FL 33602**

Mailing Address
**777 S. HARBOUR ISLAND BLVD., SUITE 765
TAMPA, FL 33602**

2. Principal Place of Business
1700 S. MacDILL AVE

Suite, Apt. #, etc.
STE 220

City & State
TAMPA FL

Zip
33629

Country
USA

3. Mailing Address
1700 S. MacDILL AVE

Suite, Apt. #, etc.
STE 220

City & State
TAMPA

Zip
FL

Country
33629



01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3707109

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE
MGR ☐ Delete

NAME
MURRAY, MICHAEL S

STREET ADDRESS
777 S. HARBOUR ISLAND BLVD., STE 765

CITY-ST-ZIP
TAMPA, FL 33602

TITLE
MGRM ☐ Delete

NAME
MURRAY, JAMES K III

STREET ADDRESS
777 S. HARBOUR ISLAND BLVD., STE 765

CITY-ST-ZIP
TAMPA, FL 33602

TITLE
NAME ☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition

STREET ADDRESS
1700 S. MacDILL AVE - #220

CITY-ST-ZIP
TAMPA FL 33629

TITLE
NAME ☒ Change ☐ Addition

STREET ADDRESS
1700 S. MacDILL AVE - #220

CITY-ST-ZIP
TAMPA FL 33629

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #