# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**
**May 12, 2004 8:00 am**
**Secretary of State**

04-22-2004 90355 019 ****50.00

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04162004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000013596

1. Entity Name
CLEARWATER SEASHELL RESORT, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 748 BROADWAY, STE. 202<br>DUNEDIN, FL 34698 | 748 BROADWAY, STE. 202<br>DUNEDIN, FL 34698 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3733494 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KIMPTON, WILLIAM J<br>28059 U.S. HIGHWAY 19 NORTH, STE. 100<br>CLEARWATER, FL 33761 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M ☐ Delete<br>EGNEW, JAMES<br>748 BROADWAY, SUITE 202<br>DUNEDIN, FL 34698 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M ☐ Delete<br>GEHRING, RICHARD<br>748 BROADWAY, SUITE 202<br>DUNEDIN, FL 34698 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M ☐ Delete<br>KIMPTON, WILLIAM J<br>28059 U.S. 19 NORTH, #100<br>CLEARWATER, FL 33761 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M ☐ Delete<br>HOOVER, VIN<br>101 23RD STREET<br>CORBIN, KY 40701 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM ☒ Change ☐ Addition<br>345 Bayshore Boulevard<br>Tampa, FL 33606 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** _____ 4/19/04 (727) 7910063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

WILLIAM J. KIMPTON