

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90039 004 \*\*\*\*50.00

<b>DOCUMENT # L01000003860</b> 1. Entity Name CLEAR PROP, L.L.C.			
Principal Place of Business 75 RIVER DRIVE TEQUESTA, FL 33469		Mailing Address 75 RIVER DRIVE TEQUESTA, FL 33469	
2. Principal Place of Business 9167 SE STAR ISLAND WAY Suite, Apt. #, etc.		3. Mailing Address 9167 SE STAR ISLAND WAY Suite, Apt. #, etc.	
City & State HOBE SOUND FL. Zip 33455		City & State HOBE SOUND FL. Zip 33455	
Country MARTIN		Country MARTIN	
4. FEI Number 65-1082672		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  PILOTTE, FRANK T MURPHY, REID, PILOTTE, ORD & AUSTIN 340 ROYAL PALM WAY, STE. 100 PALM BEACH, FL 33480		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DROURR, NATHANIEL R 75 RIVER DRIVE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, JEFFREY 9167 S.E. STAR ISLAND WAY HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENTELL, REX 682 S.W. PINETREE LANE PALM CITY, FL 34990	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE:</b>		4/16/06 772 546 7348 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			