2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000022380 1. Entity Name CLEARCREEK, LLC



FILED Feb 01, 2006 08:00 AN **Secretary of State**

Principal Place of Business 2951 BETHANY PLACE CLEARWATER, FL 33759 US Mailing Address 2951 BETHANY PLACE CLEARWATER, FL 33759 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCOFIELD, FRED 2951 BETHANY PLACE CLEARWATER, FL 33759

01232006No Cha-LLC	CR2E083 (11/05)

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4. FE! Number 20-0048407

5. Certificate of Status Desired

CR2E083 (11/05)

Not Applicable \$5.00 Additional Fee Required

Applied For

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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.

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Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 1100001413330 Due by May 1, 2006 02/11/06-80019-002 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SCOFIELD, FRED NAME 2951 BETHANY PLACE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE RTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE:

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