

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000024724

1. Entity Name  
CLEARWATER REAL ESTATE COMPANY, LLC



Principal Place of Business  
200 CENTRAL ACE, STE 2300  
ST PETERSBURG, FL 33701

Mailing Address  
200 CENTRAL ACE, STE 2300  
ST PETERSBURG, FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
*14-1905436* 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

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 33607-5736

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 remitting)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
*PRESIDENT*  
*GREG B. BULLARD, Jr*  
*2325 ULMERTON RD STE 20*  
*CLEARWATER, FLA 33762*

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
*VICE PRESIDENT*  
*GREGORY D. MORRIS*  
*2325 ULMERTON RD STE 20*  
*CLEARWATER, FLA*

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
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 808, Florida Statutes.

SIGNATURE: *Mr. Mai Gregory D. Morris*

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

4/26/05 727.576.6424

Date

Daytime Phone #

30007967

FILED  
May 31, 2005 8:00 am  
Secretary of State

05-02-2005 90114 036 \*\*\*\*50.00