

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90043 038 \*\*\*\*50.00

<b>DOCUMENT # L04000035958</b>					
<b>1. Entity Name</b> CLEARWATER RETAIL PARTNER, LLC					
<b>Principal Place of Business</b> 420 PARK PLACE STE. 100 CLEARWATER, FL 33759			<b>Mailing Address</b> 420 PARK PLACE STE. 100 CLEARWATER, FL 33759		
<b>2. Principal Place of Business</b> 630 Chestnut St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 630 Chestnut St. Suite, Apt. #, etc.			
<b>City &amp; State</b> Clearwater, FL		<b>City &amp; State</b> Clearwater FL		<b>4. FEI Number</b> 20-1080402	
<b>Zip</b> 33756		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HUBBART, KEVIN J 420 PARK PLACE STE. 100 CLEARWATER, FL 33759			<b>7. Name and Address of New Registered Agent</b> Name: Sean Moyles Street Address (P.O. Box Number is Not Acceptable): 630 Chestnut St. City: Clearwater FL Zip Code: 33756		
<b>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.</b> SIGNATURE: <u>SEAN MOYLES</u> DATE: <u>4-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$50.00 Due by May 1, 2005</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>David McComas</u>			Date: <u>4-25-05</u> Daytime Phone #: <u>727-723-3771</u>		