

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068220

FILED
May 11, 2009
Secretary of State

Entity Name: CLEARWATER CENTRE, LLC

Current Principal Place of Business:

1100 CLEVELAND STREET
SUITE 101
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1021 CLEVELAND STREET
CLEARWATER, FL 33755

New Mailing Address:

1101 CLEVELAND STREET
CLEARWATER, FL 33755

FEI Number: 42-1643470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BONNEVILLE, GUY M
511 ORANGEVIEW AVENUE
CLEARWATER, FL 33755 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BONNEVILLE, GUY M
Address: 511 ORANGEVIEW AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: MGR () Delete
Name: BONNEVILLE, SUSAN M
Address: 307 SCOTTS COURT
City-St-Zip: BOLINGBROOK, IL 60440

Title: MGR () Delete
Name: DORNER, ANTHONY S
Address: 511 ORANGEVIEW AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: MGR () Delete
Name: DORNER, SEBASTIAN
Address: 1180 GULF BLVD., #1605
City-St-Zip: CLEARWATER, FL 33757

Title: MGR () Delete
Name: DORNER, ELIZABETH
Address: 1180 GULF BLVD., #1605
City-St-Zip: CLEARWATER, FL 33757

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUY M. BONNEVILLE

MGRM

05/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date