


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90069 004 ****55.00

DOCUMENT # L05000032433		
1. Entity Name CLEARVIEW PROPERTIES, LLC		

Principal Place of Business 4051 N. DIXIE HIGHWAY, #8 FORT LAUDERDALE, FL 33334	Mailing Address 4051 N. DIXIE HIGHWAY, #8 FORT LAUDERDALE, FL 33334
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2. Principal Place of Business		3. Mailing Address P O Box 16242	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Plantation FL	
Zip	Country	Zip 33318	Country USA



02282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 34-2043251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent FRANCIS, MAXINE 4051 N. DIXIE HIGHWAY, #8 FORT LAUDERDALE, FL 33334		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 *Maxine Francis* DATE 4/15/06
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Maxine Francis</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Denise Francis MGRM</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>731 NE 141st Street</u> <u>N. Miami, FL 33661</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Denise Francis</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Maxine Francis</u> <u>7342 Ponderosa Drive</u> <u>Tampa FL 33</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Marvin Francis</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Marvin Francis</u> <u>7342 Ponderosa Drive</u> <u>Tampa FL 33</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Maxine Francis* DATE 4/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE