


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90038 046 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                              |                                                                   |                                                                                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000032433</b><br>1. Entity Name<br><b>CLEARVIEW PROPERTIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                              |                                                                   |                                                                                                                              |  |
| Principal Place of Business<br><b>4051 N. DIXIE HIGHWAY, #8<br/>FORT LAUDERDALE, FL 33334</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                              | Mailing Address<br><b>PO BOX 16242<br/>PLANTATION, FL 33318</b>   |                                                                                                                                                                                                               |  |
| 2. Principal Place of Business-- No P.O. Box #<br><b>815 NW 16th St</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |                                                                   |                                                                                                                                                                                                               |  |
| City & State<br><b>Fort Lauderdale FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | City & State<br><br>                                         |                                                                   | 4. FEI Number<br><b>34-2043251</b>                                                                                                                                                                            |  |
| Zip<br><b>33311</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | Country<br><b>US</b>                                         |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FRANCIS, MAXINE<br/>4051 N. DIXIE HIGHWAY, #8<br/>FORT LAUDERDALE, FL 33334</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                              |                                                                   | 7. Name and Address of New Registered Agent<br>Name <b>Maxine Francis</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8606 N 17th St</b><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33604</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.                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                              |                                                                   |                                                                                                                                                                                                               |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       |                                                              |                                                                   |                                                                                                                                                                                                               |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | <b>Make check payable to<br/>Florida Department of State</b> |                                                                   |                                                                                                                                                                                                               |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                              | 10. ADDITIONS/CHANGES                                             |                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>FRANCIS, DENISE<br>731 NE 141ST STREET<br>NORTH MIAMI, FL 33161<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>FRANCIS, MAXINE<br>7342 PONDEROSA DR<br>TAMPA, FL<br><input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>FRANCIS, MARVIN<br>7342 PONDEROSA DR<br>TAMPA, FL<br><input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                       |                                                              |                                                                   |                                                                                                                                                                                                               |  |
| <b>SIGNATURE:</b> <u>Maxine Francis</u> <b>4/25/2007</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                              |                                                                   |                                                                                                                                                                                                               |  |