


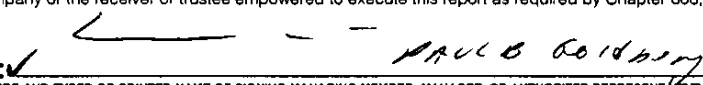
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90048 030 ****50.00

DOCUMENT # L05000103174 1. Entity Name CLEARVIEW CONSORTIUM HOLDINGS, L.L.C.						
Principal Place of Business 1070 NORTH STONE STREET SUITE D DELAND, FL 32720 US			Mailing Address 1070 NORTH STONE STREET SUITE D DELAND, FL 32720 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
GOLDBERG, PAUL B M.D. 1070 NORTH STONE STREET SUITE D DELAND, FL 32720				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
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	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDBERG, PAUL B M.D.			NAME		
STREET ADDRESS	1070 NORTH STONE STREET SUITE D			STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720			CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE		
NAME	PRADO, MARTIN GINO F			NAME		
STREET ADDRESS	1070 NORTH STONE STREET SUITE D			STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720			CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete			TITLE		
NAME	PATEL, BHARAT C			NAME		
STREET ADDRESS	1070 NORTH STONE STREET SUITE D			STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

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: 

4/13/06 **13869229410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #