2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 10, 2008 8:00 am Secretary of State **DOCUMENT # L06000004063** 04-10-2008 90124 043 ***138.75 CLEÁR CREEK CONSTRUCTION LLC Principal Place of Business Mailing Address 2846 NAPOLI WAY 2846 NAPOLI WAY **GULF BREEZE, FL 32563** US GULF BREEZE, FL 32563 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4301709 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, RUSSELL W Street Address (P.O. Box Number is Not Acceptable) 2846 NAPOLI WAY **GULF BREEZE** FLORIDA, FL 32563 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 (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable. FILE NOWILL FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TILE ☐ Channe ☐ Addition BENNETT, RUSSELL W NAME NAME 2846 NAPOLI WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULF BREEZE, FL 32563** CITY-ST-ZIP TITLE **MGRM** Delete TITLE ☐ Change ☐ Addition BENNETT, RANDY L NAME NAME 11480 CLEAR CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32514 CITY-ST-ZIP **MGRM** TITLE Delete IIILE Change Addition HARRIS, ADAM M NAME NAME STREET ADDRESS 501 W 9 1/2 MILE RD STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32534 CITY-ST-7IP TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition NAME BENNETT, RYAN W NAME STREET ADDRESS 11480 CLEAR CREEK DR STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32514 CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.