

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020906

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: CRISTAL CLEAR ASSOCIATES, LLC

## Current Principal Place of Business:

18167 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33764

## New Principal Place of Business:

## Current Mailing Address:

18167 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33764

## New Mailing Address:

FEI Number: 20-4464823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALLAHAN, W. SCOTT  
37 NORTH ORANGE AVENUE  
SUITE 200  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

BOWER, HOLLY A ESQ  
12800 UNIVERSITY DRIVE  
SUITE 260  
FORT MYERS, FL 33907 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: HOLLY A BOWER ESQ

04/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHWARZ, DAVID  
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete  
Name: CLARK, F. DAVE  
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES:

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 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: DAVID W SCHWARZ

MGR

04/23/2007

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