

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000056517

1. Entity Name
CLOCKTOWER PARTNERS, LLC



Principal Place of Business
**200 E GRANADA BLVD STE 200
ORMOND BEACH, FL 32174**

Mailing Address
**200 E GRANADA BLVD STE 200
ORMOND BEACH, FL 32174**



02012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4984538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROCK, JEFFREY P
444 SEABREEZE BLVD STE 900
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000231501
02/27/08-80021-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **SELBY, DWIGHT**
STREET ADDRESS **1535 OAK FOREST DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D**
NAME **MILLER, SANFORD**
STREET ADDRESS **28 BROAD RIVER RD**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D**
NAME **HEASTER, LEWIS**
STREET ADDRESS **700 W GRANADA BLVD #203**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D**
NAME **BRACKFIELD, BUDDY**
STREET ADDRESS **10510 KINGSTON DR**
CITY-ST-ZIP **KNOXVILLE, TN 37922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-14-08

Date

386 238 4456

Daytime Phone #