


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90438 013 ****50.00

DOCUMENT # L06000064288	
1. Entity Name CSA CLEARWATER, P.L.	

Principal Place of Business 6606 49TH STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33709	Mailing Address 6606 49TH STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33709
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2. Principal Place of Business - No P.O. Box # 6006 49th St. N. Suite 310	3. Mailing Address 6006 49th St. N. Suite 310
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 310
City & State St. Petersburg FL	City & State St. Petersburg FL
Zip 33709	Country Pinellas

03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5132743	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MURBACH, RICHARD M.D. 6606 49TH STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33709	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

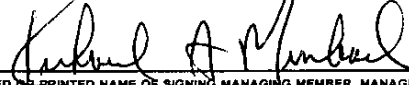
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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.

SIGNATURE:  **3/28/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #