



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2008 90054 001 ***416.25
L07000049647

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # L07000049647			
1. Entity Name HCF CLEARWATER CONDOMINIUMS, LLC			
Principal Place of Business 3510 FIRST AVENUE NORTH, SUITE 228 ST. PETERSBURG, FL 33713		Mailing Address LP 58 LA BAJA ROAD MARACAS - ST. JOSEPH TRINIDAD, WEST INDIES, XX	
2. Principal Place of Business - No P.O. Box # 6830 Central Avenue		3. Mailing Address	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33707	Country	Zip	Country
4. FEI Number 260146086		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JACOBSON, RICHARD A 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIN-FATT, HOWARD 3510 FIRST AVENUE NORTH, SUITE 228 ST. PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1077 54th Avenue South St. Petersburg, FL 33705 <input checked="" type="checkbox"/> Change <input 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 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: 		Howard Chin-Fatt, Mrg.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/25/08 Daytime Phone # 813-222-1159	