

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110699

FILED
Apr 21, 2009
Secretary of State

Entity Name: CLEARWATER BEACH RESORT HOTEL, LLC

Current Principal Place of Business:

315 S. BISCAYNE BLVD., 3RD FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

315 S. BISCAYNE BLVD., 3RD FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
SUITE 221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PEREZ, JORGE M
Address: 315 S. BISCAYNE BLVD. 3RD FLOOR
City-St-Zip: MIAMI, FL 33131

Title: VS () Delete
Name: HOYOS, JEFFERY
Address: 315 S. BISCAYNE BLVD. 3RD FLOOR
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: ALLEN, MATT
Address: 315 S. BISCAYNE BLVD. 3RD FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JORGE PEREZ, BY V.HAWK AS ATTY-IN-FACT

P

04/21/2009

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