

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049590

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CLOVERLEAF WEST WATERS, LLC

**Current Principal Place of Business:**

118 N. FREMONT AVENUE  
JOHNSTOWN, CO 80534

**New Principal Place of Business:**

**Current Mailing Address:**

118 N. FREMONT AVENUE  
JOHNSTOWN, CO 80534

**New Mailing Address:**

**FEI Number:** 84-1507735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNAMARA, THOMAS P  
2907 BAY TO BAY BLVD., STE. 201  
TAMPA, FL 33629 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:** MGR  
**Name:** BEVER, D. TODD  
**Address:** 118 N. FREMONT AVENUE  
**City-St-Zip:** JOHNSTOWN, CO 80534

**Title:** MGR  
**Name:** BEVER, JERRY  
**Address:** 118 N. FREMONT AVENUE  
**City-St-Zip:** JOHNSTOWN, CO 80534

**Title:** MGR  
**Name:** HESS, HARRY  
**Address:** 118 N. FREMONT AVENUE  
**City-St-Zip:** JOHNSTOWN, CO 80534

**Title:** MGR  
**Name:** HESS, STOCKTON  
**Address:** 118 N. FREMONT AVENUE  
**City-St-Zip:** JOHNSTOWN, CO 80534

**Title:** MGR  
**Name:** SCHERER, DAVID  
**Address:** 118 N. FREMONT AVENUE  
**City-St-Zip:** JOHNSTOWN, CO 80534

I hereby 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:** KRISTEN K. SHOWALTER

MGR

04/25/2011

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