

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002314

1. Entity Name
LEAP CLEARWATER, L.C.



Principal Place of Business

3641 WEST KENNEDY BLVD., STE. A
TAMPA, FL 33609

Mailing Address

3641 WEST KENNEDY BLVD., STE. A
TAMPA, FL 33609



04072004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3540853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., SUITE 760
TAMPA, FL 33606

**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 reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000116336
04/16/04-80060-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AR-JOY OF TAMPA, INC.
3641 WEST KENNEDY BLVD., STE. A
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FOURSOME PROPERTIES, INC.
3641 WEST KENNEDY BLVD., STE. A
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PALS PROPERTIES, L.P.
ONE OXFORD CENTRE, 34TH FLOOR
PITTSBURGH, PA 15219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CLIFF LEVY

4/14/04

(813) 353-2200