

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

FILED
Apr 17, 2006 08:00 AM
Secretary of State



04102006 No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000516115
04/29/06-80237-013 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CLIFF LEVY

4/12/06

Date

(813) 353-2220

Daytime Phone #