

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 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



02272007 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, 2007**

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	

U000000709345
04/24/07-80150-015 50.00

**DO NOT WRITE
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

4/3/07

Date

(813) 353-2220

Daytime Phone #