

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
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**



03032008No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

000000874637
04/11/08-80002-016 138.75

**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

Date

Daytime Phone #

3/26/09

(813) 353-2220