2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000006936

1. Entity Name

CLEAR LAKE DRIVE, LLC

FILED Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

13601 BRUCE B. DOWNS BLVD. #261

TAMPA, FL 33613

Mailing Address

13601 BRUCE B. DOWNS BLVD.

#261

TAMPA, FL 33613



02112004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number		Applied For
	59-3604266		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Rei	Additional quired

6. Name and Address of Current Registered Agent

BENCZE, KATHERINE S 13601 BRUCE B. DOWNS BLVD. #261

TAMPA, FL 33613

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or l	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and Rile if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - SI - ZIP	MGR BENCZE, KATHERINE S 13601 BRUCE B. DOWNS BLVD. TAMPA, FL 33613	; ·	U00000087893
TITLE NAME STREET ADDRESS CITY-ST-ZIP			83/15/04-90031-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS		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.

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CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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