

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90056 033 ****50.00

DOCUMENT # M01000000554

1. Entity Name

GREENFIELD CLEARWATER, LLC**930468**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**11 WILTON ROAD
WESTPORT CT 06880**

Mailing Address

**11 WILTON ROAD
WESTPORT CT 06880**

2. Principal Place of Business

3. Mailing Address

50 North Water Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

South Norwalk, CT

Zip

Country

Zip

Country

06854**USA**

4. FEI Number

06-1608037

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREENFIELD ACQUISITION PARTNERS II, L.P.
11 WILTON ROAD
WESTPORT CT 06880** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED **Marcus****1-29-02****203-354-5000**

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

Date

Daytime Phone #

CR2E083 (9/01)