

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90023 005 \*\*\*138.75

**DOCUMENT # M05000005246**

1. Entity Name  
**CLEARWATER BLUFF, L.L.C.**



Principal Place of Business  
**4200 W. CYPRESS STREET, SUITE 444  
TAMPA, FL 33607**

Mailing Address  
**4200 W. CYPRESS STREET, SUITE 444  
TAMPA, FL 33607**

**50005296**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-3491608**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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. 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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **DP** ☒ Delete  
NAME **RAUENHORST, JOSEPH J**  
STREET ADDRESS **225 N.E. MIZNER BLVD., SUITE 675**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **DP** ☐ Change ☒ Addition  
NAME **Hunter Barrier**  
STREET ADDRESS **925 North Point Parkway #350**  
CITY-ST-ZIP **ALPHARETTA, GA 30005**

TITLE **MGR** ☐ Delete  
NAME **GREENFIELD, BARRY W**  
STREET ADDRESS **4200 WEST CYPRESS STREET, SUITE 444**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Barry Greenfield*  
**BARRY GREENFIELD**

*21 April 08*  
**21 April 08**

*813-877-4444*  
**813-877-4444**