
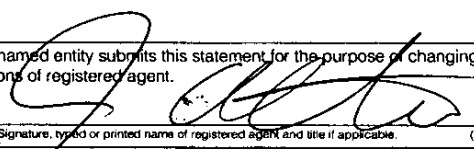
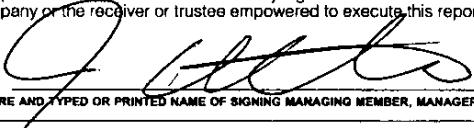


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90027 028 \*\*\*\*50.00

<b>DOCUMENT # M06000005707</b> 1. Entity Name <b>CLEARWATER CAPITAL MANAGEMENT II, LLC.</b>					
Principal Place of Business <b>TWO PRESTIGE PLACE 2650 MCCORMICK DRIVE, STE. 190 CLEARWATER, FL 33759</b>			Mailing Address <b>TWO PRESTIGE PLACE 2650 MCCORMICK DRIVE, STE. 190 CLEARWATER, FL 33759</b>		
2. Principal Place of Business - No P.O. Box # <b>3001 NORTH Rocky Point Dr</b>		3. Mailing Address <b>3001 NORTH Rocky Pt Dr</b>			
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc. <b>SUITE 200</b>			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>			
Zip <b>33607</b>		Country <b>USA</b>		4. FEI Number <b>20-5608533</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ATKINS, JAMIE TWO PRESTIGE PLACE 2650 MCCORMICK DRIVE, STE. 190 CLEARWATER, FL 33759</b>			7. Name and Address of New Registered Agent Name <b>JAMIE ATKINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3001 NORTH Rocky Pt. Dr E</b> <b>SUITE 200</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33607</b>		
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 				DATE <b>5/7/07</b>	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ATKINS, JAMIE <input type="checkbox"/> Delete TWO PRESTIGE PLACE, 2650 MCCORMICK DR #190 CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMIE ATKINS 3001 NORTH Rocky Pt Dr E STE 200 TAMPA FL 33607	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Date <b>5/7/07</b> Daytime Phone # <b>727 793-9376</b>	