FILE NOW: Fee after May 1, will be \$588.75

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FILING FEE S 203.75 Make Check Psyable To: FLORIDA DEPARTMENT OF STATE	lon
CLEARWATER LANDINGS, L.L.C., LIMITED COMPA NY 300 BROADWAY SUITE 210 NASHVILLE TN 37201 If above making address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2 Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 3. Date Organized or Qualified 3a. State of Format 07/31/1995 TN City & State Country The Country	on
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2. Mailling Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country To Description To Name and Address of Current Registered Agent Name BARNES, ROBERT L JR. 2655 MCCORMICK DR. PRESTIGE PROFESSIONAL PARK CLEARWATER FL 34619 Sitest Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Suite, Apt. #, etc. City City FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Sitest Address of Remaining of the purpose is registered agent, or both, in the State of Floride. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the class registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent agenture required when remarking) DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent agenture required when remarking) DATE (Ring all and Accepting Appointment) (NOTE Registered Address Street Address City, State and Zip Code	ion
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MGRM CARTER, L. MARC 300 BROADWAY, STE. 210 NASHVILLE TN	ļ
MGRM HASTON, C. HARRIS 300 BROADWAY, STE. 210 NASHVILLE TN	
MGRM FOPPE, DOUGLAS A 300 BROADWAY, STE. 210 NASHVILLE TN	
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364-29-9	:3 3008 **203.7
11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or ma limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block attachment with an address.	:3 5008 **203.7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER