
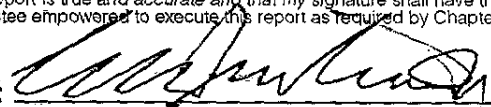


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001660					
1. Entity Name C.L.D. INVESTMENTS, LTD.					
Principal Place of Business 101 NE 16TH AVE OCALA FL 34470			Mailing Address 101 NE 16TH AVE OCALA FL 34470		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1051744	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DINKINS, C.L. JR 101 NE 16TH AVE OCALA FL 34470				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____					
9. Capital Contributions as Shown on record.		\$21,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,000,000.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000099996		STREET ADDRESS		
NAME	CLD MANAGEMENT INC		CITY - ST - ZIP		
STREET ADDRESS	101 NE 16TH AVE				
CITY - ST - ZIP	OCALA FL 34470				
DOCUMENT #			STREET ADDRESS	05/06/05-80002-001 526.25	
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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STREET ADDRESS					
CITY - ST - ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			4/22/05		352-732-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE