2005 LIMITED PARTNERSHIP ANNUAL REPO
Due By May 1, 2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # A04000001032

1. Entity Name
CLF ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
C/O JOHN A. MORAN, ESQ. 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	C/O JOHN A. MORAN, ESQ. P.O. BOX 3948 SARASOTA, FL 34230

03232005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
c/o John A. Moran, Esq.			
Suite, Apt. #, etc.: 1990 Main St., Suite 700		Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State	
Zip: 34236	Country: U.S.	Zip	Country

4. FEI Number: 05-0607188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORAN, JOHN A C/O DUNLAP & MORAN 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	Name: Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street, Suite 700 City: Sarasota FL Zip Code: 34236

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] 4/5/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$2,100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	L04000047521 CLF HOLDINGS, L.L.C. P.O. BOX 3948 SARASOTA, FL 34230	STREET ADDRESS / CITY-ST-ZIP	800054039208 05/09/05--01016--013 **526.25
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STAPLE CHECK HERE

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: [signature] 4/5/05 941/366-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
John A. Moran, as Authorized Manager for
CLF Holdings, L.L.C., General Partner