# 2007 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By September 14, 2007**

**FILED**
**Aug 31, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # A04000001032

1. Entity Name
CLF ASSOCIATES, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOHN A. MORAN, ESQ.<br>1990 MAIN ST., STE. 700<br>SARASOTA, FL 34236 US | C/O JOHN A. MORAN, ESQ.<br>P.O. BOX 3948<br>SARASOTA, FL 34230 |

**DO NOT WRITE IN THIS SPACE**

08072007 No Chg-LP CR2E003 (12/06)

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

MORAN, JOHN A
1990 MAIN STREET
STE 700
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

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 _____ 8-24-07
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS $500.00**
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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

| | |
|---|---|
| DOCUMENT # | L04000047521 |
| NAME | CLF HOLDINGS, L.L.C. |
| STREET ADDRESS | P.O. BOX 3948 |
| CITY-ST-ZIP | SARASOTA, FL 34230 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/31/07-80004-009 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** _____ Gen Partner 8-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #