


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-22-2005 90046 008 \*\*\*\*50.00

**DOCUMENT # L04000047521**

1. Entity Name  
 CLF HOLDINGS, L.L.C.



Principal Place of Business  
 C/O JOHN A. MORAN  
 P.O. BOX 3948  
 SARASOTA, FL 34230-3948

Mailing Address  
 C/O JOHN A. MORAN  
 P.O. BOX 3948  
 SARASOTA, FL 34230-3948

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 05-0607187 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required



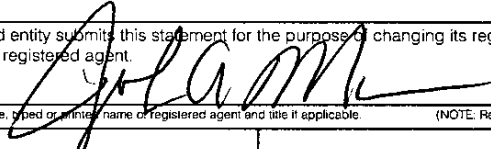
6. Name and Address of Current Registered Agent

MORAN, JOHN A  
 22 S. LINKS AVENUE, SUITE 300  
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name (Same)  
 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  DATE 4/5/05

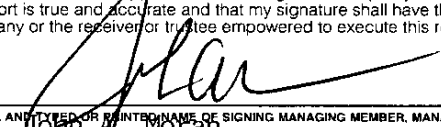
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Authorized Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John A. Moran 1990 Main Street, Suite 700 Sarasota, FL 34236
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
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11. 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 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:  AUTHORIZED MANAGER 4/5/05 941/366-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #