## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000014514

1. Entity Name C L REALTY SALES, LLC



04-28-2004 90077 049 \*\*\*\*50.00

Apr 28, 2004 8:00 am Secretary of State

Principal Place of Business

SIGNATURE:

2200 CORPORATE BLVD STE 401 BOCA RATON, FL 33431 Mailing Address

2200 CORPORATE BLVD STE 401 BOCA RATON, FL 33431



04192004 No Chg-LLC

CR2E083 (10/03)

561.997.9223

Daytime Phone #

4.20.04

4. FEI Number	Applied For
<u>22</u> -3858243	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

JRE: To seph R. Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

HCRM CORP. 2200 CORPORATE BOULEVARD, N.W., SUITE 401 BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Filing Fee is \$50.00 Due by May 1, 2004						
9.	MANAGING MEMBERS/MANAGERS		,	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLONIAL MGR, INC 2200 CORPORATE BLVD NW STE 401 BOCA RATON, FL 33431	**				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						