2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000018809

1. Entity Name
CLCP, LLC

Principal Place of Business
4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103

Mailing Address
4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

04122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2463315
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CATALANO, ANTHONY J
4001 TAMIAMI TRAIL NORTH, SUITE 250
NAPLES, FL 34103

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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 _____ DATE
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUTGERT, SCOTT F
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGR
NAME	BAKER, RICHARD J
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGR
NAME	GUTMAN, HOWARD B
STREET ADDRESS	4200 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80113-014 50.00

11. 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 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: Howard B. Gutman Vice President 4/13/07 (239) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #