A00000001790

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -5 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001790

1. Entity Name

CLS Asset Management, LLLP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
1716 Shoreline Place	1716 Shoreline Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, FL	City & State: Orange Park, FL
Zip: 32073 Country: USA	Zip: 32073 Country:

4. FEI Number: 59-3688218 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent

Name: BEVERLY H. FORTICK

Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DR.

SUITE 2600

City: JACKSONVILLE FL 32202

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
7,587,500		

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 #		STREET ADDRESS	
NAME	STANLEY, LINDA	CITY-ST-ZIP	
STREET ADDRESS	1716 SHORELINE PLACE		
CITY-ST-ZIP	ORANGE PARK, FL 32073		
DOCUMENT #		STREET ADDRESS	
NAME	STANLEY, CATHERINE	CITY-ST-ZIP	400005754844--4
STREET ADDRESS	11401 OLD ST AUGUSTINE RD		-06/12/02--01008--012
CITY-ST-ZIP	JACKSONVILLE, FL 32259		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			IN THIS SPACE
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STAPLE CHECK HERE

CR2E003B (12/01)

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: Linda L. Stanley LINDA L. STANLEY 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #