


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

| | |
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| DOCUMENT # A98000000026 1. Entity Name CLC MANAGEMENT, LTD. |  |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 15 PM 3:48

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|---|---|
| Principal Place of Business 166 A1A NORTH, SUITE E PONTE VEDRA BEACH, FL 32082 | Mailing Address 166 A1A NORTH, SUITE E PONTE VEDRA BEACH, FL 32082 |
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|---------------------------------------|---------------------------------------|-----|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. Suite E | Suite, Apt. #, etc. Suite E | |
| City & State | City & State | |
| Zip | Country | Zip |

01142004 Chg-LP CR2E003 (10/03)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent ARMSTRONG, COLIN W.L. 166 A1A NORTH, STE E PONTE VEDRA BEACH, FL 32082 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500035796665 05/10/04--01030--011 **526.25 City FL Zip Code |
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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.

DATE _____

9. Capital Contributions as Shown on record. **\$108,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **123,000**

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-----------------------------|--------------------------|--|
| DOCUMENT # | P97000085412 | STREET ADDRESS | |
| NAME | CLC MANAGEMENT, INC. | CITY - ST - ZIP | |
| STREET ADDRESS | 166 A1A NORTH, STE E | | |
| CITY - ST - ZIP | PONTE VEDRA BEACH, FL 32082 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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: *Colin W.L. Armstrong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-22-04 904 285-2206

STAPLE CHECK HERE