


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|------------------------------------|--|---|--|--------------------------------|
| DOCUMENT # A98000000026 1. Entity Name CLC MANAGEMENT, LTD. | | | |  | |
| 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 | | |
| 2. Principal Place of Business <i>5150 Palm Valley Road</i> | | 3. Mailing Address Suite, Apt. #, etc. <i>Suite #208</i> | | | |
| City & State <i>Ponte Vedra Beach, FL</i> | | City & State _____ | | 4. FEI Number 59-3484964 | |
| Zip 32082 | | Country <i>St. Johns</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 <i>Colin W.L. Armstrong</i> Street Address (P.O. Box Number is Not Acceptable) <i>5150 Palm Valley Road</i> <i>Suite #208</i> City <i>Ponte Vedra Beach</i> FL Zip Code <i>32082</i> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$108,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. <i>\$108,000</i> | | <i>\$526.25</i> | |
| 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 | <i>5150 Palm Valley Road, Suite #208</i> | |
| NAME | CLC MANAGEMENT, INC. | | CITY-ST-ZIP | <i>Ponte Vedra Beach, FL 32082</i> | |
| STREET ADDRESS | 166 A1A NORTH, STE E | | | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | 100054036461 | |
| NAME | | | CITY-ST-ZIP | 05/09/05--01012--007 **526.25 | |
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| 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: <i>Colin Armstrong</i> | | | <i>4/15/05</i> | | <i>904-285-2206</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |

STAPLE CHECK HERE