



# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -2 PM 1:32

<b>DOCUMENT # A98000000026</b>					
1. Entity Name <b>CLC MANAGEMENT, LTD.</b>					
Principal Place of Business <b>166 A1A NORTH, SUITE E PONTE VEDRA BEACH, FL 32082</b>		Mailing Address <b>166 A1A NORTH, SUITE E PONTE VEDRA BEACH, FL 32082</b>			
2. Principal Place of Business		3. Mailing Address		 <b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3484964</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ARMSTRONG, COLIN W.L.</b> <b>166 A1A NORTH, STE E</b> <b>PONTE VEDRA BEACH, FL 32082</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 date if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$108,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. <b>MAKE CHECK PAYABLE TO FL DEPT OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
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		<b>600018846536</b> <b>05/14/03--01002--003 **150.00</b>		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			<b>600018846536</b> <b>07/02/03--01022--002 **376.25</b>		
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
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: <i>Colin Armstrong</i>			4.29.03 9042852206		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

CR2E003 (10/02)

STAPLE CHECK HERE