2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000006365

1. Entity Name

CLOUGHLEY INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
13 HIGH POINT CIRCLE NORTH NAPLES FL 34103	13 HIGH POINT CIRCLE NORTH NAPLES FL 34103

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
13 HIGH POINT CIRCLE NORTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES FL		City & State	
Zip: 34103	Country: COLLIER	Zip	Country

4. FEI Number 59-3713957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLOUGHLEY, ROBERT J
13 HIGH POINT CIRCLE NORTH
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOUGHLEY, ROBERT J 10501 MEADOW LANE LEAWOOD KS 66206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000442672 03/04/06-80029-023 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert J Cloughley 2/16/06 239-262-5205