

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010301

FILED
Apr 21, 2004
Secretary of State

Entity Name: C L SOAVE RESIDENTIAL, LLC

Current Principal Place of Business:

2200 CORPORATE BOULEVARD, NE., STE 401
BOCA RATON, FL 33431

New Principal Place of Business:

2200 NW CORPORATE BOULEVARD
SUITE 401
BOCA RATON, FL 33431

Current Mailing Address:

2200 CORPORATE BOULEVARD, NE., STE 401
BOCA RATON, FL 33431

New Mailing Address:

2200 NW CORPORATE BOULEVARD
SUITE 401
BOCA RATON, FL 33431

FEI Number: 35-2168442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HCRM CORP
2200 CORPORATE BOULEVARD, NW, STE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HCRM CORP
2200 NW CORPORATE BOULEVARD
SUITE 401
BOCA RATON, FL 33431 US

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:

04/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: C L RESIDENTIAL MANA, GEMENT, INC.
Address: 2200 CORPORATE BOULEVARD, NE., STE 401
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: C L RESIDENTIAL MANA, GEMENT, INC.
Address: 2200 NW CORPORATE BOULEVARD, STE 401
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH R. COOK

CEO

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date