

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90057 027 ****50.00

DOCUMENT # L02000014518	
1. Entity Name C L INTERIOR DESIGN, LLC	



Principal Place of Business 2200 CORPORATE BLVD., N.W., STE. 401 BOCA RATON, FL 33431	Mailing Address 2200 CORPORATE BLVD., N.W., STE. 401 BOCA RATON, FL 33431
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20051524



2. Principal Place of Business 515 E. Las Olas Boulevard Suite, Apt. #, etc. Suite 1050 City & State Fort Lauderdale, FL	3. Mailing Address 515 E. Las Olas Boulevard Suite, Apt. #, etc. Suite 1050 City & State Fort Lauderdale, FL
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04012005 Chg-LLC CR2E083 (10/03)

Zip 33301	Country USA	Zip 33301	Country USA
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4. FEI Number 22-3858247	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD., N.W., STE. 401 BOCA RATON, FL 33431	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLONIAL MANAGER, INC 2200 CORPORATE BLVD., N.W., STE. 401 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	xxx 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: Daniel G. Adacke Date: 4/18/05 Daytime Phone #: 954-524-0607