

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002278**

1. Entity Name  
C.L. SOUTH ASSOCIATES, L.L.C.



Principal Place of Business  
5314 BOCA MARINA CIRCLE NORTH  
BOCA RATON, FL 33487

Mailing Address  
5314 BOCA MARINA CIRCLE NORTH  
BOCA RATON, FL 33487



01192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
83-0343768

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LICHTERMAN, CAROLE  
5314 BOCA MARINA CIRCLE NORTH  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LICHTERMAN, CAROLE  
5314 BOCA MARINA CIRCLE NORTH  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *x Carole Lichterman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*x 3/3/07 561994-2511*

Date

Daytime Phone #