

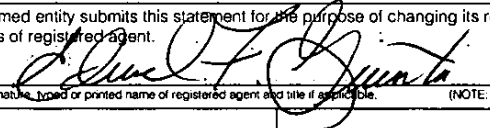
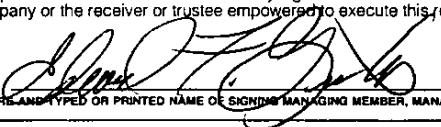


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90022 042 ****50.00

DOCUMENT # L03000014477 1. Entity Name CLG, LLC																													
Principal Place of Business 2701 W. BUSCH BOULEVARD, SUITE 118 TAMPA, FL 33618				Mailing Address 2701 W. BUSCH BOULEVARD, SUITE 118 TAMPA, FL 33618																									
2. Principal Place of Business 1111 N. Westshore Blvd. Suite, Apt. #, etc. Suite 207 City & State Tampa, FL Zip 33607		3. Mailing Address 2701 W. Busch Blvd. Suite, Apt. #, etc. Suite 104-A City & State Tampa, FL Zip 33618																											
Country USA		Country USA		04062005 Chg-LLC CR2E083 (10/03)																									
4. FEI Number 27-0055868				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J JR, ESQ 201 N. FRANKLIN STREET ONE TAMPA CITY CENTER, SUITE 2600 TAMPA, FL 33602																									
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  DATE																									
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GIUNTA, EDWARD F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11327 CARROLLWOOD DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33618</td> <td></td> </tr> </table>				TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GIUNTA, EDWARD F		STREET ADDRESS	11327 CARROLLWOOD DR.		CITY - ST - ZIP	TAMPA, FL 33618		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 606, Florida Statutes.				SIGNATURE:  Date 4-7-05 Daytime Phone # (813) 915-0444																									