


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90457 031 \*\*\*\*50.00

|  |   |                           |  |   |  |
|--|---|---------------------------|--|---|--|
| <b>DOCUMENT # L03000018572</b>   |   |                           |  |  |  |
| <b>1. Entity Name</b><br>CLM - LLC   |   |                           |  |   |  |
| <b>Principal Place of Business</b><br>695 TARPON BAY RD. #15<br>SANIBEL ISLAND FL 33957  |   |                           | <b>Mailing Address</b><br>PO BOX 1700<br>SANIBEL ISLAND FL 33957   |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b> |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |  |   |  |
| City & State   |   | City & State              |  |   |  |
| Zip  | Country   | Zip                       | Country  | <b>4. FEI Number</b><br>55-0835129  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |                           |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MALSZYCKI, CINDY L<br>6795 PLANTATION MANOR LOOP<br>FT. MYERS FL 33912   |   |                           | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <b>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.</b><br>SIGNATURE <i>XMK Cindy L. Malszycki</i> <span style="float: right;">DATE _____</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                           |   |                           |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>   |   |                           |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                           | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <i>MGRM</i><br><i>Cindy Malszycki</i><br><i>695 Tarpon Bay Rd #15</i><br><i>Sanibel Island FL 33957</i> |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |                           |  |   |  |
| <b>SIGNATURE:</b> <i>Cindy L. Malszycki</i> <span style="float: right;"><i>4/14/04</i></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                           |  |   |  |