

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000018871

1. Entity Name
CLD PARTNERS, LLC



Principal Place of Business
22454 ASTER AVENUE
PORT CHARLOTTE, FL 33980

Mailing Address
22454 ASTER AVENUE
PORT CHARLOTTE, FL 33980

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCKINLEY, MICHEAL R.
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948



02222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1670004	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COHL, SAMUEL F
STREET ADDRESS	22454 ASTER AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980

TITLE	MGRM
NAME	COHL, MATHEW E
STREET ADDRESS	448 N. FIG STREET LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SAMUEL F. COHL

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

02-25-05 941 6284816

Date

Daytime Phone #

20017154

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