


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90057 028 \*\*\*\*50.00

<b>DOCUMENT # L03000021699</b> 1. Entity Name <b>CL EQUITY PARTNERS, LLC</b>					
Principal Place of Business <b>2200 NW CORPORATE BLVD BOCA RATON, FL 33431</b>			Mailing Address <b>2200 NW CORPORATE BLVD BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>515 E. Las Olas Blvd.</b> Suite, Apt. #, etc. <b>Suite 1050</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33301</b>		3. Mailing Address <b>515 E. Las Olas Blvd.</b> Suite, Apt. #, etc. <b>Suite 1050</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33301</b>		<b>20051523</b> 	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-0856498</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HCRM CORP. 2200 NW CORPORATE BLVD., SUITE 401 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COLONIAL DEVELOPMENT GROUP, LLC 2200 NW CORPORATE BLVD., SUITE 401 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: Daniel E. Adacke</b> <b>4/18/05</b> <b>954-524-0607</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					