


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90209 015 \*\*\*\*50.00

<b>DOCUMENT # L03000024348</b> 1. Entity Name <b>CL INVESTMENT OPPORTUNITIES, L.L.C.</b>					
Principal Place of Business <b>400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708</b>			Mailing Address <b>400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>JENSEN, PAUL C 5625 CENTRAL AVENUE ST PETERSBURG, FL 33710</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 <u><i>Paul Jensen</i></u> DATE <u>1-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES.</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LARSON, CAROLE 400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Carole D Larson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1/30/04</u> <small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>		