

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90015 025 ****50.00

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| DOCUMENT # L03000024348 1. Entity Name CL INVESTMENT OPPORTUNITIES, L.L.C. | | | | | |
| Principal Place of Business 400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708 | | | Mailing Address 400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708 | | |
| 2. Principal Place of Business 2001 16th Street North Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 86146 Suite, Apt. #, etc. | | | |
| City & State St. Petersburg FL Zip 33704 Country USA | | City & State Madeira Beach FL Zip 33738-6146 Country USA | | 4. FEI Number 51-0469782 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent JENSEN, PAUL C 5625 CENTRAL AVENUE ST PETERSBURG, FL 33710 | | | 7. Name and Address of New Registered Agent Name Paul C. Jensen Street Address (P.O. Box Number is Not Acceptable) 2001-16th Street North City St. Petersburg FL Zip Code 33704 | | |
| 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>Paul C. Jensen</u> DATE <u>4-27-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LARSON, CAROLE <input type="checkbox"/> Delete 400 BATH CLUB BLVD. SOUTH NORTH REDINGTON BEACH, FL 33708 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LARSON, CAROLE 2001-16th Street North St. Petersburg, FL 33704 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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. | | | | | |
| SIGNATURE: <u>Carole D. Larson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>4/29/05</u> <small>Day Date Daytime Phone #</small> | | |