

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000024348

1. Entity Name

CL INVESTMENT OPPORTUNITIES, L.L.C.



Principal Place of Business

2001 16TH STREET NORTH
SAINT PETERSBURG FL 33704

Mailing Address

P.O. BOX 86146
MADEIRA FL 33738



1st MOORE

CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0469782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENSEN, PAUL C
2001 16TH STREET NORTH
SAINT PETERSBURG FL 33704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

For the limited liability company (or registered agent, if applicable)

(NOTE: Registered Agent is required when registering)

Date:

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME LARSON, CAROLE
STREET ADDRESS 2001 16TH STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE ☐ Change ☐ Addition
NAME 000000381451
STREET ADDRESS 04/15/08-80001-011 138.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Carole D. Larson

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

Doc#

Register Page #