

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037720

Entity Name: C L C PARTNERS, L.L.C.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

7120 LONGLEAF DR.
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

7120 LONGLEAF DR.
PARKLAND, FL 33076

New Mailing Address:

1170 SW 19TH ST.
BOCA RATON, FL 33486 US

FEI Number: 80-0081513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTILLA, MARISELA
7120 LONGLEAF DR.
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

COTILLA, MARISELA J
7120 LONGLEAF DR.
PARKLAND, FL 33076 US

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.

SIGNATURE: MARISELA J. COTILLA

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COTILLA, MARISELA J
Address: 7120 LONGLEAF DR.
City-St-Zip: PARKLAND, FL 33076

Title: MGRM () Delete
Name: COY, CAROL A
Address: 1170 SW 19TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: LAPIDUS, JEFFREY
Address: 5950 MICHAUX ST.
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROL A. COY

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date