2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L03000039139

Entity Name: CL REALTY INVESTMENT, LLC

Current Principal Place of Business:

1820 N. CORPORATE LAKES BLVD.
SUITE 303
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

C/O D. RESTREPO 547 MAJORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

C/O D. RESTREPO 396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

FEI Number: 56-2404538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.
547 MAJORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ.
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 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: DIEGO L. RESTREPO 04/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VALLECILLA, CARLOS
Address: 1820 N. CORPORATE LAKES BLVD., SUITE 303
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete
Name: MARTINEZ, LYA
Address: 1820 N. CORPORATE LAKES BLVD., SUITE 303
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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 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: CARLOS VALLECILLA MGRM 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date