

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019516

Entity Name: CBL, LLC

FILED  
Jan 30, 2006  
Secretary of State

**Current Principal Place of Business:**

C/O DAVID CATES  
1006 S.E. KITCHING COVE LANE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID CATES  
1006 S.E. KITCHING COVE LANE  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 20-0862915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOGAN, DAVID  
313 65TH TRAIL NORTH  
WEST PALM BEACH, FL 33413 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CATES, DAVID  
Address: 1006 SE KITCHING COVE LANE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: LOGAN, DAVID  
Address: 313 65TH TRAIL NORTH  
City-St-Zip: WEST PALM BEACH, FL 33413 US

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: DAVID LOGAN

MGR

01/30/2006

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