


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

| | |
|-----------------------------------|---|
| DOCUMENT # L04000019516 |  |
| 1. Entity Name CBL, LLC | |

| | |
|---|---|
| Principal Place of Business C/O DAVID CATES 1006 S.E. KITCHING COVE LANE PORT ST LUCIE FL 34952 | Mailing Address C/O DAVID CATES 1006 S.E. KITCHING COVE LANE PORT ST LUCIE FL 34952 |
|---|---|



1st MOORE CR2E083 (10/06)

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc | 3. Mailing Address Suite, Apt. #, etc |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 20-0862915 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

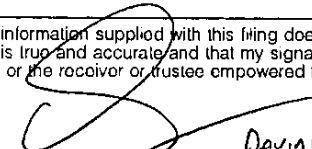
9. MANAGING MEMBERS/MANAGERS

| | |
|---|---------------------------------|
| TITLE MGR | <input type="checkbox"/> Delete |
| NAME CATES, DAVID | |
| STREET ADDRESS 1006 SE KITCHING COVE LANE | |
| CITY- ST- ZIP PORT ST LUCIE FL 34952 | |
| TITLE MGR | <input type="checkbox"/> Delete |
| NAME LOGAN, DAVID | |
| STREET ADDRESS 313 65TH TRAIL NORTH | |
| CITY- ST- ZIP WEST PALM BEACH FL 33413 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 100000679265 |
| CITY- ST- ZIP | 04/03/07-80031-007 50.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **DAVID LOGAN MANAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #