2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062413 1. Entity Name

CLC REALTY, LLC



FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

4237 SALISBURY ROAD NORTH

SUITE 114 IACKSONVILLE, FL 32216

STREET ADDRESS CITY-ST-ZIP

Mailing Address

4237 SALISBURY ROAD NORTH

SUITE 114

JACKSONVILLE, FL 32216



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CR2E083 (11/05) 04122006 No Chg-LLC 4. FEI Number Applied For 20-1524894

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

GENTRY, PETER W 10109 BISHOP LAKE ROAD WEST JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acc
SIGNATURE.			<u> </u>
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
Q	iling Fee is \$50.00 ue by May 1, 2006		000000516306 04/29/05-80244-013 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENTRY, PETER W 4237 SALISBURY ROAD NORTH, #114 JACKSONVILLE, FL 32216		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		- AND COLOR OF THE	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

PETTONE W. GENTRY

904/470-0010