

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094273

Entity Name: CLEOPARC20THCT , LLC

**FILED**  
**Feb 27, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1801 UNIVERSITY DR.  
PENTHOUSE-1  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 UNIVERSITY DR.  
PENTHOUSE-1  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

STREIT, PHYLLIS  
1801 UNIVERSITY DR.  
PENTHOUSE-1  
CORAL SPRINGS, FL 33071 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: MGRM ( ) Delete  
Name: STREIT, PHYLLIS  
Address: 1801 UNIVERSITY DR. PENTHOUSE-1  
City-St-Zip: CORAL SPRINGS, FL 33071 US

**ADDITIONS/CHANGES:**

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: PHYLLIS STREIT

MGRA

02/27/2006

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