

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057195

Entity Name: CLR-COR GROUP, LLC

FILED
Feb 16, 2006
Secretary of State

Current Principal Place of Business:

5915 SEA RANCH DR., #106
HUDSON, FL 34667

New Principal Place of Business:

3633 COVINGTON DRIVE
HOLIDAY, FL 34691

Current Mailing Address:

5915 SEA RANCH DR., #106
HUDSON, FL 34667

New Mailing Address:

3633 COVINGTON DRIVE
HOLIDAY, FL 34691

FEI Number: 20-3352581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, CHARLES O
5915 SEA RANCH DR., #106
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

ROBERTS, CHARLES O
3633 COVINGTON DRIVE
HOLIDAY, FL 34691 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: CHARLES O ROBERTS

02/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERTS, CHARLES O
Address: 5915 SEA RANCH DR., #106
City-St-Zip: HUDSON, FL 34667

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBERTS, CHARLES O
Address: 3633 COVINGTON DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGRM () Change (X) Addition
Name: ROBERTS, CARMALYNN
Address: 3633 COVINGTON DRIVE
City-St-Zip: HOLIDAY, FL 34691 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: CHARLES O ROBERTS

MGRM

02/16/2006

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