



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000059538</b> 1. Entity Name <b>C&amp;L VENTURES, LLC</b>	
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Principal Place of Business <b>P.O. BOX 50695 FORT MYERS, FL 33994</b>	Mailing Address <b>P.O. BOX 50695 FORT MYERS, FL 33994</b>
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>35-2261401</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LANDSTEINER, KARL C SR.  
6083 TIMBERWOODS CIRCLE  
UNIT 315  
FORT MYERS, FL 33908**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

04/23/08-80032-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANNAMELA, ANTHONY V JR. PO BOX 50695 FORT MYERS, FL 33994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_