

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90031 013 ***138.75

DOCUMENT # L05000062534

1. Entity Name
CLCP PROMENADE, LLC



Principal Place of Business
**4200 GULF SHORE BLVD. NORTH
 NAPLES, FL 34103**

Mailing Address
**4200 GULF SHORE BLVD. NORTH
 NAPLES, FL 34103**

60031701

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3074942

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CATALANO, ANTHONY J
 4001 TAMiami TRAIL NORTH, SUITE 250
 BOND, SCHOENECK & KING, P.A.
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent

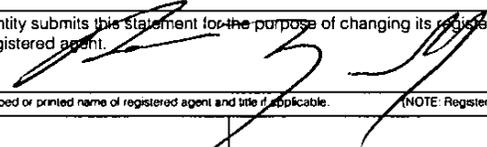
Name
Robert C. Zundel Jr.

Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North

Suite 250

City
Naples FL Zip Code
34103

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  **Robert C. Zundel, Jr.** DATE **4/30/2008**

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

Make check payable to
Florida Department of State

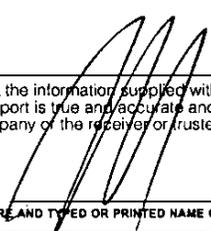
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COLLIER LUTGERT COMMERCIAL PROPERTIES, LLP 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Howard B. Gutman** **Vice President of General Partner** DATE **4/30/2008** (239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #