

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3074942

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

4/30/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COLLIER LUTGERT COMMERCIAL PROPERTIES, LLP
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105**

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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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.

Howard B. Gutman

SIGNATURE:

Vice President of General Partner

4/30/2008 (239) 261-6100

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

Date

Daytime Phone #