

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90064 017 ****50.00

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1. Entity Name
CL EASTWOOD, LLC



Principal Place of Business
4990 S.W. 52ND STREET, SUITE 201
DAVIE, FL 33314

Mailing Address
4990 S.W. 52ND STREET, SUITE 201
DAVIE, FL 33314

20002610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

74-3148609

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

ROWARS, CHARLES M
4990 S.W. 52ND STREET, SUITE 201
DAVIE, FL 33314

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME ROWARS, CHARLES M
STREET ADDRESS 4990 S.W. 52ND STREET, SUITE 201
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME EDELMAN, LEONARD
STREET ADDRESS 5401 N.W. 102ND AVENUE, SUITE 119
CITY-ST-ZIP SUNRISE, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

Barry Rowars

1/13/06