, 20 8 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000025715

1 Entity Name

CLS INVESTMENT PROPERTIES, LLC



FILED Feb 01, 2008 08:00 AN Secretary of State

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1007 SW 1ST AVENUE OCALA, FL 34474

. . Mailing Address

1007 SW 1ST AVENUE OCALA, FL 34474



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4479049 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIMPSON, CHARLES L 1007 SW 1ST AVENUE OCALA, FL 34474

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 acce	
	apt
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

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

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMPSON, CHARLES L 1007 SW 1ST AVENUE OCALA, FL 34474
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000000811501 02/12/08-80009-015 138.75

DO NOT WRITE IN THIS SPACE

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 tracted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: Y
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

1/30/08

352-361-5503

Daytime Phone #