

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052514

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: C & L REAL ESTATE VENTURES, LLC

**Current Principal Place of Business:**

13100 WESTLINKS TERRACE UNIT 13  
FORT MYERS, FL 33913

**New Principal Place of Business:**

11740 HAMPTON GREENS DRIVE  
FORT MYERS, FL 33913

**Current Mailing Address:**

13100 WESTLINKS TERRACE UNIT 13  
FORT MYERS, FL 33913

**New Mailing Address:**

11740 HAMPTON GREENS DRIVE  
FORT MYERS, FL 33913

FEI Number: 20-2804964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAUSE, DONALD J JR.  
11740 HAMPTON GREENS DRIVE  
FORT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CLAUSE, DONALD J JR.  
Address: 11740 HAMPTON GREENS DRIVE  
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM ( ) Delete  
Name: LEVINSOHN, BLAKE  
Address: 2761 W. ABIACA CIRCLE  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD J CLAUSE JR

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date