


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90021 045 ***138.75

DOCUMENT # L06000099252	
1. Entity Name CL GARDENS, L.L.C.	

Principal Place of Business 5825 SUNSET DRIVE, SUITE 309 SOUTH MIAMI, FL 33143	Mailing Address 5825 SUNSET DRIVE, SUITE 309 SOUTH MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # 3101 PGA BLVD	3. Mailing Address 5225 SUNSET DRIVE
Suite, Apt. #, etc. STE F133	Suite, Apt. #, etc. STE 309
City & State PALM BEACH GARDENS FL	City & State SOUTH MIAMI FL
Zip 33410	Country USA
Zip 33143	Country USA



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5775052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEINER, EDWARD W 5825 SUNSET DRIVE, SUITE 309 SOUTH MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5825 SUNSET DRIVE, STE 309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BALOCCO, GUIDO 5825 SUNSET DRIVE, SUITE 309 SOUTH MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5825 SUNSET DRIVE, STE 309
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 taxpayer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  VICE PRESIDENT 04/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #