


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90162 020 ***138.75

DOCUMENT # L06000121031 1. Entity Name CLS PROPERTIES, LLC	
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Principal Place of Business 33 W. SPANISH MAIN STREET TAMPA FL 33609 US	Mailing Address 33 W. SPANISH MAIN STREET TAMPA FL 33609 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 29605 US 19
Suite, Apt. #, etc.	Suite, Apt. #, etc. 130

1st MOORE CR2E083 (10/07)

City & State CLEARWATER	4. FEI Number 20-8083776	Applied For <input type="checkbox"/> Not Applicable
Zip 33761	Country PUERTO RICO	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BUBLEY & BUBLEY, P.A. 3820 NORTHDAL BOULEVARD SUITE 312 TAMPA FL 33624	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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRADY, SCOTT L 33 W. SPANISH MAIN STREET TAMPA FL 33609 <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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Scott Strady **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** **4-2-08** **813-335-0021** **Date** **Daytime Phone #**