

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000015236

FILED
Jun 06, 2008
Secretary of State**Entity Name:** CLW INDUSTRIAL GROUP, LLC**Current Principal Place of Business:**4301 ANCHOR PLAZA PARKWAY
STE 400
TAMPA, FL 33634 FL**New Principal Place of Business:****Current Mailing Address:**4301 ANCHOR PLAZA PARKWAY
STE 400
TAMPA, FL 33634 FL**New Mailing Address:****FEI Number:** 64-0949212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HARTER, CRAIG R CFO
4301 ANCHOR PLAZA PARKWAY
SUITE 400
TAMPA, FL 33634 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: KIRK, ROSS E
Address: 4301 ANCHOR PLAZA PARKWAY
City-St-Zip: TAMPA, FL 33634 US**Title:** MGR (X) Delete
Name: ROTHSCHILD, DOUGLAS C
Address: 4301 ANCHOR PLAZA PARKWAY, STE #400
City-St-Zip: TAMPA, FL 33634 US**Title:** MGR (X) Delete
Name: VARSAMES, LOUIS J
Address: 4301 ANCHOR PLAZA PARKWAY
City-St-Zip: TAMPA, FL 33634 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: ROSS E KIRK

MGRM

06/06/2008

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