


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90230 042 ****50.00

DOCUMENT # L98000002643	
1. Entity Name CLSD PROPERTIES, L.C.	

Principal Place of Business 50 N.E. 26TH AVE. SUITE 201 POMPANO BEACH, FL 33062	Mailing Address 50 N.E. 26TH AVE. SUITE 201 POMPANO BEACH, FL 33062
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2. Principal Place of Business 6555 N. Powerline Rd.	3. Mailing Address 6555 N. Powerline Rd.
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Suite, Apt. #, etc. Suite 408	Suite, Apt. #, etc. Suite 408
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
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Zip 33309	Country Broward	Zip 33309	Country Broward
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20009959



01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 74-2896769	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LENZ, CORBETT R 50 NE 26TH AVE Suite 408 SUITE 201 POMPANO BEACH, FL 33062 Ft. Lauderdale, FL 33309	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

Filing Fee is \$50.00 Due by May 1, 2006	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 DALEY, STACIE K 50 N.E. 26TH AVE., SUITE 201 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6555 N. Powerline Rd. Suite 408 Ft. Lauderdale, FL 33309 <input checked="" 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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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Stacie Daley</u>	4/20/06 954 202.9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #