2005 LIMITED LIABILITY COMPANY ANNUAL REPORT . .

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003021

1. Entity Name

C & L REALTY INVESTMENTS, LLC



FILED Apr 04, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

21 N.W. 2ND STREET DELRAY BEACH, FL 33444

21 N.W. 2ND STREET DELRAY BEACH, FL 33444



01062005 No Chg-LLC

CR2E083 (10/03)

. FEI Number 65-092452	5	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

(561)330-8500

Applied For Not Applicable

6. Name and Address of Current Registered Agent

ABRAMSON, CHERYL 21 N.W. 2ND STREET DELRAY BEACH, FL 33444

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	named entity submits this statement for the purpose of changing ions of registered agent.	ing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
	Signature, typed or printed name or registered agent and the ill applicable.	(NOTE, Registered Agent signature required when reinstaling)	שאינ
Fi Di	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALTMANN, LISA M 3895 N.W. 53RD STREET BOCA RATON, FL 33444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAMSON, CHERYL 2161 DATE PALM ROAD BOCA RATON, FL 33432		U00000286507 04/94/05-80029-025 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY+SY-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not qua on this report is true and accurate and that my signature shall billity company or the receiver or trustee empowered to execute	lify for the exemption stated in Section 119.07(3) have the same legal effect as if made under oat e this report as required by Chapter 608, Florida	(f), Florida Statutes. I further certify that the information in that I am a managing member or manager of the Statutes.