

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003866

1. Entity Name
CLD INVESTMENT GROUP LLC



Principal Place of Business
13499 BISCAYNE BLVD., SUITE 208
NORTH MIAMI BEACH, FL 33181

Mailing Address
13499 BISCAYNE BLVD., SUITE 208
NORTH MIAMI BEACH, FL 33181



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0668091

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYAR, DAMON
13499 BISCAYNE BLVD., SUITE 208
NORTH MIAMI BEACH, FL 33181

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000380598
01/11/06 80021-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOYAR, DAMON
13499 BISCAYNE BLVD., SUITE 208
NORTH MIAMI BEACH, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BALSAM, CRAIG
13499 BISCAYNE BLVD., SUITE 208
NORTH MIAMI BEACH, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MONTEFORTE, LEONARD
13499 BISCAYNE BLVD., SUITE 208
NORTH MIAMI BEACH, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Damon Boyar

DAMON BOYAR

1/5/06

305-944-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #