

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90200 029 \*\*\*\*55.00

**DOCUMENT # M04000003866**

1. Entity Name  
**CLD INVESTMENT GROUP LLC**



Principal Place of Business  
**12000 BISCAYNE BLVD.  
SUITE 216  
NORTH MIAMI, FL 33181**

Mailing Address  
**12000 BISCAYNE BLVD.  
SUITE 216  
NORTH MIAMI, FL 33181**

**60029522**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-0668091**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **DAMON BOYAR**  
Street Address (P.O. Box Number is Not Acceptable)  
**12000 BISCAYNE BLVD  
STE 216**  
City **N. MIAMI** FL Zip Code **33181**

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☒ Change ☐ Addition  
NAME **12000 BISCAYNE BLVD, STE 216**  
STREET ADDRESS **NORTH MIAMI, FL 33181**  
CITY-ST-ZIP

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

☒ Change ☐ Addition  
NAME **12000 BISCAYNE BLVD, STE 216**  
STREET ADDRESS **NORTH MIAMI, FL 33181**  
CITY-ST-ZIP

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

☒ Change ☐ Addition  
NAME **12000 BISCAYNE BLVD, STE 216**  
STREET ADDRESS **NORTH MIAMI, FL 33181**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** **3/2/07** **888-488-2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #