



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000723 1. Entity Name CLP MANAGEMENT LLC	
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Principal Place of Business 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215	Mailing Address 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215
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DO NOT WRITE IN THIS SPACE

	
04182007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 84-1661985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT F ESQ
 1301 SIXTH AVENUE WEST, STE. 400
 BRADENTON, FL 34205

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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 _____

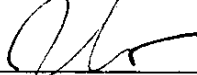
Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENSON, FRANK S III 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTO, DON M III 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUTTON, STEPHEN E 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUKEMAN, PAUL G 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, ANTHONY A 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIAT, WILLIAM J 191 W. NATIONWIDE BLVD., STE. 200 COLUMBUS, OH 43215

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05/11/07-80077-011 50-00

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:  **Don M. Casto, III** 4-23-07 614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #