

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000723

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: CLP MANAGEMENT LLC

**Current Principal Place of Business:**

191 W. NATIONWIDE BLVD., STE. 200  
COLUMBUS, OH 43215

**New Principal Place of Business:**

**Current Mailing Address:**

191 W. NATIONWIDE BLVD., STE. 200  
COLUMBUS, OH 43215

**New Mailing Address:**

FEI Number: 84-1661985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BENSON, FRANK S III  
Address: 191 W. NATIONWIDE BLVD., STE. 200  
City-St-Zip: COLUMBUS, OH 43215

Title: MGR ( ) Delete  
Name: CASTO, DON M III  
Address: 191 W. NATIONWIDE BLVD., STE. 200  
City-St-Zip: COLUMBUS, OH 43215

Title: MGR ( ) Delete  
Name: DUTTON, STEPHEN E  
Address: 191 W. NATIONWIDE BLVD., STE. 200  
City-St-Zip: COLUMBUS, OH 43215

Title: MGR ( ) Delete  
Name: LUKEMAN, PAUL G  
Address: 191 W. NATIONWIDE BLVD., STE. 200  
City-St-Zip: COLUMBUS, OH 43215

Title: MGR ( ) Delete  
Name: MARTIN, ANTHONY A  
Address: 191 W. NATIONWIDE BLVD., STE. 200  
City-St-Zip: COLUMBUS, OH 43215

Title: MGR ( ) Delete  
Name: RIAT, WILLIAM J  
Address: 191 W. NATIONWIDE BLVD., STE. 200  
City-St-Zip: COLUMBUS, OH 43215

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date