

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000006129 1. Entity Name CLP/SPF HOLDING COMPANY II, LLC	
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Principal Place of Business 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 43215	Mailing Address 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 43215
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5376636	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

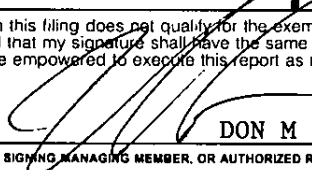
000000914034
05/09/08-80040-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLP HOLDING CORPORATION 191 W. NATIONWIDE BLVD., SUITE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLP ACQUISITION COMPANY LLC 245 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **DON M CASTO III** **04/18/08** **614-228-5331**

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