LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90726 031 ****55.00

DOCUMENT # L00000010553

1. Entity Name

CDR OF SOUTHWEST FLORIDA, LLC

DO NOT WRITE IN THIS SPACE

B0054570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1777 Tamiami Trail	1777 Tamiami Trail
Suite, Apt. #, etc.: 411	Suite, Apt. #, etc.: 411
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33948 Country: USA	Zip: 33948 Country: USA

4. FEI Number: 651103009 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael R. McKinley, Esq.

Street Address (P.O. Box Number is Not Acceptable): 18401 Murdock Circle

City: Port Charlotte **FL** Zip Code: 33948

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.

SIGNATURE: _____ Michael R. McKinley, Esq. 3/22/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dean R. DeGross 989 Tamiami Trail Port Charlotte, FL 33952	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carol J. Dunn 1777 Tamiami Trail, Suite 411 Port Charlotte, FL 33948	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Dean R. DeGross 3/22/02 941-629-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #