FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90011 047 ****50.00

30047754

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010553

1. Entity Name
CDR OF SOUTHWEST FLORIDA, LLC

Principal Place of Business	Mailing Address
1777 TAMIAMI TRAIL, SUITE 411 PORT CHARLOTTE, FL 33948	1777 TAMIAMI TRAIL, SUITE 411 PORT CHARLOTTE, FL 33948

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3191 Harbor Blvd.		3191 Harbor Blvd.	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Pt Charlotte, FL		City & State Pt. Charlotte, FL	
Zip 33952	Country Charlotte	Zip 33952	Country Charlotte

4. FEI Number 65-1103009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name: Carol Dunn
Street Address (P.O. Box Number Is Not Acceptable): 3191-B Harbor Blvd.
City: Pt. Charlotte FL Zip Code 33952

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] Carol J. Dunn 3-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEGROSS, DEAN R 989 TAMIAMI TRAIL PT. CHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DUNN, CAROL J 1777 TAMIAMI TRAIL, SUITE 411 PT CHARLOTTE, FL 33948 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] 3-28-03 941-629-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #