

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000002209**



1. Entity Name  
**CDCL HOLDINGS II, LLC**

Principal Place of Business  
**12018 MARBLEHEAD DRIVE  
 TAMPA FL 33626**

Mailing Address  
**12018 MARBLEHEAD DRIVE  
 TAMPA FL 33626**

**55009063**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**5438 W. CRENSHAW ST.**

3. Mailing Address

**12018 MARBLEHEAD DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TPA FL**

4. FEI Number

**01-0581124**

Applied For

Not Applicable

Zip

**33634**

Country

**USA**

Zip

**33626**

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRALEIGH, ILONA  
 12018 MARBLEHEAD DRIVE  
 TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 file 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  Delete  
**PRESIDENT / MANAGING MEMBER**  
 NAME **ILONA FRALEIGH**  
 STREET ADDRESS **12018 MARBLEHEAD DR**  
 CITY-ST-ZIP **TPA FL 33626**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 REQUIRED**

**01/15/03 813 858-2661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)