FILED
Jun 20, 2005 8:00 am
Secretary of State
04-29-2005 90027 040 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002779

1. Entity Name
FLYFISHER RENOVATIONS, LLC

30009555

Principal Place of Business
13880 SW 119TH AVE
MIAMI, FL 33186

Mailing Address
13880 SW 119TH AVE
MIAMI, FL 33186

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12230 S.W. 41 STREET	12230 S.W. 41 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI FL.
Zip: 33175 Country: USA	Zip: 33175 Country: USA

4. FEI Number: 34-1974600 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
EVANS GALLER, DEBI
13880 SW 119TH AVE
MIAMI, FL 33186

7. Name and Address of New Registered Agent
Name: DEBI EVANS GALLER
Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD. STE 1000
City: MIAMI FL Zip Code: 33131

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: Debi Evans Galler (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE: 4/26/05

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MEMBER - PRESIDENT ☐ Change ☒ Addition
NAME	CDD INTERNATIONAL, LLC	NAME	CLARK D. DIAZ
STREET ADDRESS	13880 SW 199TH AVENUE	STREET ADDRESS	12230 S.W. 41 STREET
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	MIAMI, FL. 33175
TITLE	☐ Delete	TITLE	MEMBER - VICE PRESIDENT ☐ Change ☒ Addition
NAME		NAME	DEBI EVANS GALLER
STREET ADDRESS		STREET ADDRESS	12780 SW 117 STREET
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL. 33186
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: CLARK D. DIAZ - MEMBER - PRESIDENT 4-26-05 786-564-9042

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