FILED
May 24, 2007 8:00 am
Secretary of State

04-23-2007 90372 035 ****50.00

4.

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000060370

1. Entity Name
CDR II, LLC

Principal Place of Business	Mailing Address
3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952 US	3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953	950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5043750 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN, CAROL J
3191-B HARBOR BLVD
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name
Street Address 950 Tamiami Trail
STE 101
City Pt. Charlotte, FL 33953
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 Carol J D [signature] 4/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, CAROL J 3191-B HARBOR BLVD PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGROSS, DEAN 4211 EAGLE NEST CT PORT 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Carol J D [signature] 4/18/07 941-629-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #