

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


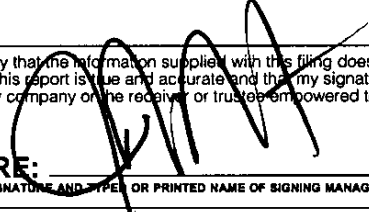
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Secretary of State

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02162006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M02000002280					
1. Entity Name CDG (DRM) LLC					
Principal Place of Business ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0499376	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WIENER, DAVID J ESQ. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401			Name <u>John W.S. Preston</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>One N. Clematis Street</u>		
			Suite <u>305</u>		
			City <u>West Palm Beach FL</u>		Zip Code <u>33401</u>
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			DATE <u>2.21.06</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRESTON, JOHN W.S.	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, TOM	NAME			
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, PETER	NAME			
STREET ADDRESS	30 ST. CLAIR AVENUE WEST, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	TORONTO ONTARIO CANADA,	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINK, PERCY	NAME			
STREET ADDRESS	30 ST. CLAIR AVENUE WEST, SUITE 1400	STREET ADDRESS			
CITY-ST-ZIP	TORONTO ONTARIO CANADA,	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			Date <u>2.21.06</u>		Daytime Phone # <u>561-835-1810</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #