## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000002280

Entity Name: CDG (DRM) LLC

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4650 DONALD ROSS ROAD SUITE 200 PALM BEACH GARDENS, FL 33414				4650 DONALD ROSS ROAD SUITE 200 PALM BEACH GARDENS, FL 33418			
Current Mailing Address:				New Mailing Address:			
4650 DONALD ROSS ROAD SUITE 200 PALM BEACH GARDENS, FL 33414				2851 JOHN STREET SUITE 1 MARKHAM, ONTARIO, ON L3R 5R7			
FEI Number	: 20-0499376	FEI Number Applied For ( )	FEI Numbe	r Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PRESTON, JOHN W.S. 4650 DONALD ROSS ROAD SUITE 200 PALM BEACH GARDENS, FL 33418 US The above named entity submits this statement for the purpose				NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE 4 WESTON, FL 33331 US			
	e of Florida.		341 pooc of of	ianging i	no rogioto	or or regional agent, or bear	
SIGNATURE: MAGGIE FERDINAND				04/15/2009			
	Electro	nic Signature of Registered Ag	ent			Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	PRESTON, JO 4650 DONALD	) Delete HN W.S. ROSS ROAD STE 200 GARDENS, FL 33418	Ad	le: me: dress: y-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ess: 30 ST. CLAIR AVENUE WEST, SUITE 1400		Na Ad	Title: ( ) Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ress: FINK, PERCY ress: 30 ST. CLAIR AVENUE WEST, SUITE 1400		Ad	le: me: dress: y-St-Zip:	( ) Change ( ) Addition		
Title:	(	) Delete	Tit	le:	MGR	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

GREEN, ROBERT S

2851 JOHN STREET SUITE 1 MARKHAM, ONTARIO, ON L3R 5R7

SIGNATURE: ROBERT S GREEN MGR 04/15/2009