

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002280

1. Entity Name  
CDG (DRM) LLC



FILED

2003 MAR 10 AM 11:43

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country  
Zip  
Country

4. FEI Number **65-0936391**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WIENER, DAVID J ESQ.**  
ONE NORTH CLEMATIS STREET, SUITE 305  
WEST PALM BEACH FL 33401

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]* DATE **2/26/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003  
000013733640  
03/10/03--01077--002 \*\*50.00

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PRESTON, JOHN W.S.</b> <input type="checkbox"/> Delete ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERNICK, LARRY</b> <input checked="" type="checkbox"/> Delete ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COHEN, PETER</b> <input type="checkbox"/> Delete 30 ST. CLAIR AVENUE WEST, SUITE 1400 TORONTO ONTARIO CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FINK, PERCY</b> <input type="checkbox"/> Delete 30 ST. CLAIR AVENUE WEST, SUITE 1400 TORONTO ONTARIO CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGR Hamilton, Tom</b> One North Clematis Street, Suite 305 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **By: Tom Hamilton, Manager** DATE: **2-26-03** PHONE: **561-835-1810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)