
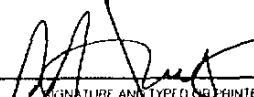


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAR 14 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---------------------------|---|--|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1 Name and Mailing Address of Limited Liability Company | | DOCUMENT # M95000000226 | | | |
| CDT'S ESPEDECO, LLC, L.C. 108 NORTH COUNTY ROAD 5 FT. COLLINS CO 80524 | | 1a. Principal Place of Business Address 108 NORTH COUNTY ROAD 5 FT. COLLINS CO 80524 | | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | | |
| 2 Principal Place of Business <i>same</i> | | 2a. Mailing Address | | 3. Date Organized or Qualified 07/28/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 3a. State of Formation CO | |
| City & State | | City & State | | 4. FEI Number NOT APPLICABLE | |
| Zip | | Country | | 5. Date of Last Report 03/27/1996 | |
| Zip | | Country | | 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | | 8. Name and Address of New Registered Agent | | |
| WHEELER, DOLORES K 803 SUMMER WINDS LANE JUPITER FL 33458 | | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002118213--1 City FL | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ | | | DATE _____ | | |
| (If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | TUTTLE, P. DINSMORE | 108 NORTH COUNTY ROAD 5 | | FT. COLLINS CO | |
| MEM | TUTTLE, VICTORIA B | 144 COYOTE COURT | | BOULDER CO | |
| MEM | TUTTLE, BETTINA | 201 IDLEWILD DR | | DILLON CO | |
| MEM | TUTTLE, ANNIE J. | 3952 CLOVERHILL ROAD | | BALTIMORE MD | |
| MEM | TUTTLE, AMELIA | 3720 NORTH COUNTY ROAD 23E | | LAPORTE CO | |
| MEM | TUTTLE-MAGUIRE, ROBIN | 1940 ST. ANDREWS COURT | | OXNARD CA | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE:  | | P. Dinsmore Tuttle | | 8 MAR 97 970221357 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date | | Daytime Phone # | |

*WSD
3/18/97*