

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 98 MAY -1 PM 4: 09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # M95000000226</b>  CDT'S ESPEDECO, LLC, L.C. 108 NORTH <del>COUNTY ROAD 5</del> FT. COLLINS CO 80524
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1a. Principal Place of Business Address  108 NORTH COUNTY ROAD 5 FT. COLLINS CO 80524
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified 07/28/1995	3a. State of Formation CO
		4. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 03/14/1997	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  WHEELER, DOLORES K 803 SUMMER WINDS LANE JUPITER FL 33458
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8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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 \*\*\*188.75 \*\*\*188.75  
**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 \_\_\_\_\_  
(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	<del>201 IDLEWILD DR</del> 802 Clifford DR.	<del>DILLON CO</del> Ft. Collins CO
MEM	TUTTLE, ANNIE LAURIE	3952 CLOVERHILL ROAD	BALTIMORE MD
MEM	TUTTLE, AMELIA	8720 NORTH COUNTY ROAD 23E	LAPORTE CO
MEM	TUTTLE-MAGUIRE, ROBIN	1940 ST. ANDREWS COURT	OXNARD CA

JL 5-4

11. I do 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 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: *Robin Tuttle-Maguire* ROBIN TUTTLE-MAGUIRE, 3-6-98 (805) 983-4537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #