


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 20 AM 9:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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			
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 05/01/1998		6. Certificate of Status Desired <input checked="" 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			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002832268 - 2 Suite, Apt. #, etc. -06/02/93--01036--003 ***188.75 ****188.75 City Zip Code 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 _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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	802 CLIFFORD DRIVE 514 Gregory Rd.		ST. COLLINS CO FT.	
MEM	TUTTLE, ANNIE L	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	
<i>AS APR 27 1998</i>					
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: <i>Robin Tuttle-Maguire</i> ROBIN TUTTLE-MAGUIRE 5-189 (805) 983-4537					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER Date Office & Phone #</small>					