

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

503230901007
8/13/2003-90048-034-\$50.00-\$50.00

DOCUMENT # M95000000226



FILED
Sep 28, 2003 8:00 A.M.
Secretary of State

1. Entity Name
CDT'S ESPEDECO, LLC, L.C.

Principal Place of Business Mailing Address
108 NORTH COUNTY ROAD 5 FT. COLLINS CO 80524
108 NORTH COUNTY ROAD 5 FT. COLLINS CO 80524

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WHEELER, DOLORES K
803 SUMMER WINDS LANE
JUPITER FL 33458
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 _____ DATE _____
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUTTLE, P. DINSMORE 108 NORTH COUNTY ROAD 5 FT. COLLINS CO 80524 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TUTTLE, VICTORIA B/ 144 COYOTE COURT BOULDER CO 80302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TUTTLE, BETTINA 514 GREGORY ROAD FT. COLLINS CO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1951 Ridge West Dr. Windsor, CO 80550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUTTLE, ANNIE LAURIE ST GEORGE'S SCHOOL NEWPORT RI 02840-0191 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TUTTLE, AMELIA 8720 NORTH COUNTY ROAD 23E LAPORTE CO 80535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TUTTLE, MAGUIRE, ROBIN 1940 ST. ANDREWS COURT OXNARD CA 93030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <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: ROXANNE P. TUTTLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-8-03 (805)985-4537
Date Daytime Phone #

CPRE083 (4/03)