2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2008 8:00 am Secretary of State 05-02-2008 90137 041 ***150.00

DOCUMENT # 152227 1. Entity Name CDC LAND INVESTMENTS, INC.						ΔΩ()932	86					
,	e of Business MI TRAIL NORTH 34103 US	Mailing Address 3003 TAMIAMI TRAIL NORTH STE 400 NAPLES, FL 34103 US										! ! !	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01292008	Ch	g-P	CR2E0	34 (12/06	·)			
City & Stat	Ө	City & State				4. FEI Number Applied For 59-0581693 Not Applicable							
Zip	.Country Zip C			try	5. Certificate of Status Desired S8.75 Additional Fee Required								
	6. Name and Address of Current	Registered Agent		<u> </u>		7. Name and	d Addres	s of New Ro	egistered /	gent			
TAFT, ELEANOR W					Name CORINA, ROBERT D.								
3003 TAM	IAMI TRAIL NORTH			Street Ac		O Box Numb 3 TAMI			NOR	TH,	STE	400	
STE 400 NAPLES, FL 34103					-								
,				City	NAP	LES			FL	Zip Co	4103		
	named entity submits this statement for	or the purpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the	State of Flo	rida. Lam t				
the obligations of registered toent. Robert D. Corina 4-1/-68													
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signatur	ne required	when reinstaling)			DATE				
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									,				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANG	ES TO OFFI	CERS AND	DIRECTO	RS IN 11		
TITLE	PD	Delete	TITLE	1	V	T OD N	(TOII)	TET A		☐ Change	K) A	ddition	
NAME STREET ADDRESS	FLOOD, THOMAS J 3003 TAMIAMI TR N. STE 400			E Et address	300	YLOR, MICHAEL O. 003 TAMIAMI TRAIL NORTH, STE 40							
CITY-ST-ZIP	NAPLES, FL 34103			-ST-ZIP		LES, F		34103	:•-	,			
TITLE	COCD	☐ Delete	TITLE	:			·			Change	A	ddition	
NAME	COLLIER, MILES C		NAM										
STREET ADDRESS CITY-ST-ZIP	3003 TAMIAMI TR N. STE 400 NAPLES, FL 34103			ET ADDRESS - St-Zip								Ì	
TITLE	COCD	☐ Delete	TITLE							☐ Change	A	ddition	
NAME	COLLIER, BARRON G II	CJ Delete	NAM							٠٠			
STREET ADDRESS	3003 TAMIAMI TR N. STE 400			ET ADDRESS									
CATY-ST-ZIP	NAPLES, FL 34103		-1	-ST-ZIP	<u>V/S</u>	· /m				CS alessa		delita	
TITLE NAME	VT CORINA, ROBERT D	☐ Delete	TITLE Nam	i i		RINA, F	ROBEI	RT D.		Change	``\	ddition	
STREET ADDRESS	3003 TAMIAMI TR N. STE 400			ET ADDRESS	300	3 TÀMI	IMAI	TRAI	L NOF	TH,	STE	40þ	
CITY-ST-ZIP	NAPLES, FL 34103		СПУ	-ST-ZIP	NAF	LES, F	rL :	<u>34103</u>	\$				
THLE	VS	⊠ Delete	TITL							Change	- A	ddition	
NAME STREET ADDRESS	TAFT, ELEANOR W 3003 TAMIAMI TRAIL N STE 40	D	NAM Stre	ET ADDRESS								1	
CITY-ST-ZIP	NAPLES, FL 34103	•	1	-ST-ZIP							,		
TITLE		☐ Defete	TITL	E				-		☐ Change	. DA	vidition	
NUME			NAM										
STREET ADDRESS City-St-ZIP				ET ADDRESS - ST-ZIP									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if													
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Robert D. Corina 4-11-09(239) 261-4455												5	
-31(35)(#4)												1	

Robert D. Corina

SIGNATURE: