
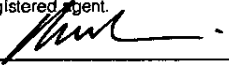
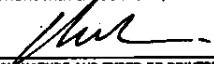


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90137 041 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 152227</b>					
1. Entity Name <b>CDC LAND INVESTMENTS, INC.</b>					
Principal Place of Business <b>3003 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103 US</b>			Mailing Address <b>3003 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0581693</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TAFT, ELEANOR W 3003 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent	
				Name <b>CORINA, ROBERT D.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>3003 TAMiami TRAIL NORTH, STE 400</b>	
				City <b>NAPLES</b> <b>FL</b> Zip Code <b>34103</b>	
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE  <b>Robert D. Corina</b></div><div>DATE <b>4-11-08</b></div></div> <p style="font-size: small; margin-top: 5px;">(NOTE: Registered Agent signature required when reinstating)</p>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOOD, THOMAS J 3003 TAMiami TR N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, MICHAEL O. 3003 TAMiami TRAIL NORTH, STE 400 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD COLLIER, MILES C 3003 TAMiami TR N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCD COLLIER, BARRON G II 3003 TAMiami TR N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CORINA, ROBERT D 3003 TAMiami TR N. STE 400 NAPLES, FL 34103 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T CORINA, ROBERT D. 3003 TAMiami TRAIL NORTH, STE 400 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TAFT, ELEANOR W 3003 TAMiami TRAIL N STE 400 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Robert D. Corina</b>				Date <b>4-11-08</b> (239) 261-4455	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	