

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90422 041 \*\*\*\*50.00

20026310



<b>DOCUMENT # L00000010553</b> 1. Entity Name CDR OF SOUTHWEST FLORIDA, LLC					
Principal Place of Business 3191 HARBOR BLVD SUITE B PORT CHARLOTTE, FL 33952			Mailing Address 3191 HARBOR BLVD SUITE B PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1103009	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNN, CAROL			Name		
3191 B HARBOR BLVD			Street Address (P.O. Box Number is Not Acceptable)		
PORT CHARLOTTE, FL 33952					
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEGROSS, DEAN R		NAME	Degross, Dean R.	
STREET ADDRESS	989 TAMiami TRAIL		STREET ADDRESS	989 Tamiami Trail	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952		CITY-ST-ZIP	Pt. Charlotte, FL 33953	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	operating MGR, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNN, CAROL J		NAME	Dunn, Carol J.	
STREET ADDRESS	1777 TAMiami TRAIL, SUITE 411		STREET ADDRESS	3191 Harbor Blvd, Ste B	
CITY-ST-ZIP	PT CHARLOTTE, FL 33948		CITY-ST-ZIP	Pt. Charlotte, FL 33952	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Carol J. Dunn</i>			Date _____ Daytime Phone # _____		