



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90372 036 \*\*\*\*50.00

<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 - No P.O. Box # St 950 Tamiami Trail STE 101 Ci Pt. Charlotte, FL 33953 Zi		3. Mailing Address 950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953	
			
		04122007    Chg-LLC    CR2E083 (12/06)	
		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  DUNN, CAROL 3191 B HARBOR BLVD PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name 950 Tamiami Trail Street Ad STE 101 City Pt. Charlotte, FL 33953 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 <i>Carol J. Dunn</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>4/18/07</i> <small>(NOTE: Registered Agent signature required when resigning)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS DEGROSS, DEAN R 989 TAMiami TRAIL PT. CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT DUNN, CAROL J 3191 HARBOR BLVD STE B PORT CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	950 Tamiami Trail STE 101 Pt. Charlotte, FL 33953 <input checked="" 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
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
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
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
11. 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 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: <i>Carol J. Dunn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <i>4/18/07</i> DAYTIME PHONE # <i>941-629-8886</i>	