

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90027 040 \*\*\*\*50.00

**DOCUMENT # L00000012741**

1. Entity Name  
CDR GLADES, L.L.C.



Principal Place of Business  
2424 N. FEDERAL HWY.  
SUITE 159  
BOCA RATON, FL 33431

Mailing Address  
2424 N. FEDERAL HWY.  
SUITE 159  
BOCA RATON, FL 33431

24046311



02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-1047838

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

WERBER, RICHARD  
C/O CDR REALITY LLC  
2424 N FEDERAL HWY STE 159  
BOCA RATON, FL 33431

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2424 N Federal Hwy Ste 159  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE P  
NAME DESANTIS, CARL ☐ Delete  
STREET ADDRESS 2424 N. FEDERAL HWY.  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS Suite 159  
CITY-ST-ZIP

TITLE T  
NAME DESANTIS, DAMON ☐ Delete  
STREET ADDRESS 2424 N. FEDERAL HWY.  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS Suite 159  
CITY-ST-ZIP

TITLE VS  
NAME WERBER, RICHARD ☐ Delete  
STREET ADDRESS 2424 N. FEDERAL HWY.  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS Suite 159  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

*[Signature]*

*Richard Werber*

*4/8/04*

*561-395-7588*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #