

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90019 005 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-LLC

CR2E083 (11/05)

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME DESANTIS, CARL  
STREET ADDRESS 2424 N. FEDERAL HWY. SUITE 159  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE T  
NAME DESANTIS, DAMON  
STREET ADDRESS 2424 N. FEDERAL HWY. SUITE 159  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VS  
NAME WERBER, RICHARD  
STREET ADDRESS 2424 N. FEDERAL HWY. SUITE 159  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*

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

*3/28/06 (561) 395-7588*

Date

Daytime Phone #