

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

DOCUMENT # **L01000007209**

1. Entity Name

CDS INVESTORS, LLC

01-23-2002 90052 022 ****50.00
05-06-2002 90011 041 ****55.00

954160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 Starboard Drive

Suite, Apt. #, etc.

3. Mailing Address

515 Starboard Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

U.S.A.

City & State

Naples, FL

Zip

34103

Country

U.S.A.

4. FEI Number

45-0469192

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Peterson, Brent

Street Address (P.O. Box Number is Not Acceptable)

515 Starboard Drive

City

Naples

FL

Zip Code

34103

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **Peterson, Brent**
STREET ADDRESS **515 Starboard Drive**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **MGRM**
NAME **Fields, Alan B.**
STREET ADDRESS **3030 Horseshoe Drive South, Suite 200**
CITY-ST-ZIP **Naples, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Brent Peterson

MGRM

April 25, 2002 239.430.5000

Date

Daytime Phone #

CR2E083B (12/01)