

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008959

1. Entity Name
CDD, LLC



Principal Place of Business
2026 CHEROKEE DRIVE
NEPTUNE BEACH, FL 32266

Mailing Address
2026 CHEROKEE DRIVE
NEPTUNE BEACH, FL 32266



01062004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0582946

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE, FL 32250

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DUTTERA, WAYNE B JR.
STREET ADDRESS 2026 CHEROKEE DRIVE
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE V
NAME CRONK, JOSEPH S
STREET ADDRESS 200 WHARFSIDE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE V
NAME DUCH, CLIFFORD G
STREET ADDRESS 200 WHARFSIDE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000009128
01/20/04-80092-023 55.00

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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)(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: *X Wayne B Duttera*

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

1/15/04 904-246-8564

Date

Daytime Phone #