

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90025 047 \*\*\*\*50.00

**DOCUMENT # L02000009527**

1. Entity Name  
**C.D.P. STUCCO LLC**



Principal Place of Business  
**21 NORTH ST.  
MARY ESTHER, FL 32569**

Mailing Address  
**21 NORTH ST.  
MARY ESTHER, FL 32569**

**DO NOT WRITE IN THIS SPACE**

03142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**03-0417615**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**PERRY, CHRISTIAN D  
21 NORTH ST.  
MARY ESTHER, FL 32569**

**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 reappointing)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR.  
PERRY, CHRISTIAN  
21 NORTH ST  
MARY ESTHER, FL 32569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:**

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

DATE

Daytime Phone #

**4-26-04**

**850-259-2283**