

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000010923

1. Entity Name

CMDP DEVELOPMENT, LLC



FILED
Feb 06, 2004 08:00 AM
Secretary of State

Principal Place of Business

6735 33RD ST. EAST
SARASOTA FL 34243

Mailing Address

6112 33RD ST E
STE 102
BRADENTON FL 34203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3662100

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

BROWNING, ROBERT W JR.
1800 2ND STREET, SUITE 880
SARASOTA FL 34236

Name

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

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

1-27-04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MUTH, W. CHRIS	
STREET ADDRESS	6735 33RD ST. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCCABE, MARK T	
STREET ADDRESS	6735 33RD ST. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BURGHARDT, BRIAN DANIEL	
STREET ADDRESS	6112 33RD ST E STE 102	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BURGHARDT, PHILLIP L	
STREET ADDRESS	6112 33RD ST E STE 102	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

U00000039089
02/06/04-80125-008 50.00

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:

Phil L. Burghardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-27-04

Date

941-756-5044
Daytime Phone #