


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000010923 1. Entity Name CMDP DEVELOPMENT, LLC	
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Principal Place of Business 6735 33RD ST. EAST SARASOTA, FL 34243	Mailing Address 6112 33RD ST E STE 102 BRADENTON, FL 34203
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02082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3662100	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWNING, ROBERT W JR. 1800 2ND STREET, SUITE 880 SARASOTA, FL 34236

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.

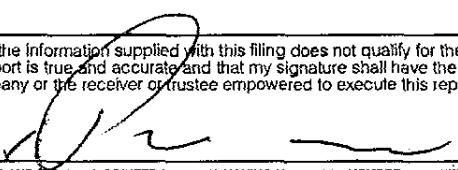

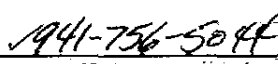
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUTH, W. CHRIS 6735 33RD ST. EAST SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCABE, MARK T 6735 33RD ST. EAST SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGHARDT, BRIAN DANIEL 6112 33RD ST E STE 102 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURGHARDT, PHILLIP L 6112 33RD ST E STE 102 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>00000022583 02/14/05-00004-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 #