


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 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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02202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3662100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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	

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03/26/07-80036-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3-8-07 941-756-5044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #