

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012562

FILED
Apr 29, 2004
Secretary of State

Entity Name: CFD, LLC

Current Principal Place of Business:

15111 DURHAM LANE
DRIVE, FL 33331

New Principal Place of Business:

10041 PINES BLVD
SUITE A
PEMBROKE PINES, FL 33026

Current Mailing Address:

15111 DURHAM LANE
DRIVE, FL 33331

New Mailing Address:

5621 S.W. 163RD AVENUE
SOUTHWEST RANCHES, FL 33331

FEI Number: 75-3100532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODGE, CHARLES D
15111 DURHAM LANE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

DODGE, CHARLES D
5621 S. W. 163RD AVENUE
SOUTHWEST RANCHES, FL 33331 US

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.

SIGNATURE:

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DODGE, CHARLES F
Address: 15111 DURHAM LN
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: GAYESKI, MARTIN J
Address: 1021 SW 149TH TERR
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DODGE, CHARLES F
Address: 5621 S. W. 163RD AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES F. DODGE

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date