

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90235 002 ***150.00

DOCUMENT # L02000021559
1. Entity Name CDD INVESTMENT GROUP, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % VOGUE INTERIORS Suite, Apt. #, etc. 24520 PRODUCTION CR, 5 City & State BONITA SPRINGS, FL Zip 34135 Country USA	3. Mailing Address % VOGUE INTERIORS Suite, Apt. #, etc. 24520 PRODUCTION CR, 5 City & State BONITA SPRINGS, FL Zip 34135 Country USA
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4. FEI Number 55-0792895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent Name COHEN & GRIGSBY, PC Street Address (P.O. Box Number is Not Acceptable) 27200 RIVERVIEW CENTER BLVD. SUITE 309 City BONITA SPRINGS FL Zip Code 34134
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: <i>Debra Demaria</i> Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER GARY H. CAIN 20320 RIVERBROOKE RUN ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ALAN DIAMOND 9300 LAKE BEND PRESERVE CT BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER DEBRA DEMARIA 199911 CHAPHEL TREE ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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)(f), 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: <i>Debra Demaria</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 4/14/03 Daytime Phone #: 239-498-7500