

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 027 ****50.00

0036684

DOCUMENT # L02000024481

1. Entity Name
CDG INVESTMENTS, L.L.C.



Principal Place of Business SUITE C 1105 CAPE CORAL PARKWAY EAST CAPE CORAL FL 33904	Mailing Address SUITE C 1105 CAPE CORAL PARKWAY EAST CAPE CORAL FL 33904
--	--

2. Principal Place of Business 3211 Manatee Drive	3. Mailing Address 1318 Lafayette St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. James City, FL	City & State Cape Coral, FL
Zip 33956	Country US
Zip 33904	Country US

4. FEI Number
51-0437968

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~SCHUTT, DARRIN R ESQ.
SUITE C
1105 CAPE CORAL PARKWAY EAST
CAPE CORAL FL 33904~~

7. Name and Address of New Registered Agent

Name
Thomas W. Hill

Street Address (P.O. Box Number is Not Acceptable)
1318 Lafayette St.

City
Cape Coral, FL Zip Code
33904

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 *Thomas W Hill* DATE **4-28-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GESSMANN, DONALD 1105 CAPE CORAL PARKWAY EAST, SUITE C CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gessmann, Donald 3211 Manatee Dr. St. James City, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *4/28/03* Daytime Phone #: *239-549-2444*

CR2E083 (10/02)