## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000029436

1. Entity Name
CDG INVESTMENTS, LLC

FILED Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

14797 PEACE RIVER WAY PALM BEACH GARDENS, FL 33418 Mailing Address

14797 PEACE RIVER WAY PALM BEACH GARDENS, FL 33418



01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1877742 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

SCHONE, LARRY T 72 N.E. 5TH AVENUE DELRAY BEACH, FL 33483

## DO NOT WRITE IN THIS SPACE

DELKATE	BEACH, FL 33463		IN T	THIS SPACE	
5. The above the obligat	named entity submits this statement for the purpose of char- ions of registered agent.	nging its registered	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	rpt
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when teinstalling)	CATE	
FI	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				$\neg$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINHART, CONRAD 14797 PEACE RIVER WAY PALM BEACH GARDENS, FL 33418	-		400000439 <b>650</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		****		03/02/06-80004-U19 SU.OO	
NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the Information supplied with this filling 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 it 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 609, Florida Statutes.

SIGNATURE

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

Xzliclas

X561-253-88

Daytime Phone #