

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006429

Entity Name: CDC VENTURES LLC

**FILED**  
**Apr 04, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

2004 DUTCHESS LANE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

230 SUNPORT LANE  
SUITE 500  
ORLANDO, FL 32809

**Current Mailing Address:**

2004 DUTCHESS LANE  
WINTER PARK, FL 32792

**New Mailing Address:**

949 OAKPOINT CIRCLE  
APOPKA, FL 32712

FEI Number: 56-2330461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HARRIS, WILLIAM C  
Address: 2004 DUTCHESS LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: EVANS, MICHAEL H  
Address: 949 OAKPOINT CIRCLE  
City-St-Zip: APOPKA, FL 32712

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: MICHAEL EVANS

MGR

04/04/2004

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