

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006429

Entity Name: CDC VENTURES LLC

FILED  
Mar 15, 2006  
Secretary of State

## Current Principal Place of Business:

230 SUNPORT LANE  
SUITE 500  
ORLANDO, FL 32809

## New Principal Place of Business:

7513 EXCHANGE DR  
ORLANDO, FL 32809

## Current Mailing Address:

949 OAKPOINT CIRCLE  
APOPKA, FL 32712

## New Mailing Address:

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:

EVANS, MICHAEL H PRES  
949 OAKPOINT CIRCLE  
APOPKA, FL 32712 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: MICHAEL EVANS

03/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

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

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 Chapter 119, 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 H EVANS

PRES

03/15/2006

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