2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030611

CDG INVESTMENTS II, L.L.C.



FILED Jan 24, 2007 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



DO NOT WRITE IN THIS SPACE			A TABALAN BA BATAF IAN BANK BANK BANK BANK BANK BANK BANK BA	
			01112007 No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE			4. FEI Number 20-0612656	Applied For Not Applicable
		,	5. Certificate of Status Desired	S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				
SCHONE, LARRY T			DO NOT W	RITE
72 N.E. 5TH AVENUE DELRAY BEACH, FL 33483		IN THIS SPACE		
			IN THIS SP	ACE
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.				
the congations of registered agent.				
SIGNATURE				
Filing Fee is \$50.00				
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			A CASE A
TITLE	MGRM	1 1	i de la companione de l	rational 4 to
NAME STREET ADDRESS	STEINHART, CONRAD 14797 PEACE RIVER WAY	: :	01/26/07	0602117 -80076-012 50.00
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		Olygon Ol	00010 015 00:00
TITLE				· .
NAME				
STREET ADDRESS			•	1
CITY-ST-ZIP				
TITLE	•			
NAME STREET ADDRESS				
CITY-ST-ZIP			DO NOT W	RITE
TITLE			· · · · · · · · · · · · · · · · · · ·	
NAME			IN THIS SP	ACE
STREET ADDRESS				
CITY-ST-ZIP		entage .		
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE				The state of the s
NAME				and the second second
STREET ADDRESS CITY-ST-ZIP		48	a same of the same	· · · · · · · · · · · · · · · · · · ·
GIT-ST-ZIP				1

11. I hereby certify that the information supplied with this filing 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 if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee exposured to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 1

URE: X WWW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

521-253-889

Daytime Phone #