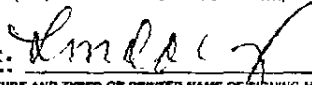


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000032311		
1. Entity Name CD83, LLC		
Principal Place of Business 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAY LAW OFFICES ATTN: JAMES R. KAY, ESQ 700 VILLAGE SQUARE CROSSING, STE 102B PALM BEACH GARDENS, FL 33410		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR REIBLING, LORENZ 118 MILK ST. BOSTON, MA 02109	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR REIBLING, GUENTHER 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MERRIGAN, PETER 118 MILK ST. BOSTON, MA 02109	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TULLY, SCOTT 118 MILK ST. BOSTON, MA 02109	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KASSOF, LINDA 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOVAN, CRAIG 1350 E. NEWPORT CENTER DR., STE. 206 DEERFIELD BEACH, FL 33442	
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 empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  Linda G. Kassof		04/27/2006 (954) 428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



04212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0193503

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1100000540932
05/10/06-80037-015 55.00