# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 04, 2008 08:00 A**
**Secretary of State**

DOCUMENT # L03000032311

1. Entity Name
CD83, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1350 E. NEWPORT CENTER DR., STE. 206<br>DEERFIELD BEACH, FL 33442 | 1350 E. NEWPORT CENTER DR., STE. 206<br>DEERFIELD BEACH, FL 33442 |

**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-0193503
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000881930
04/16/08-80020-015 143.75

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | REIBLING, LORENZ |
| STREET ADDRESS | 118 MILK ST. |
| CITY-ST-ZIP | BOSTON, MA 02109 |
| TITLE | MGR |
| NAME | REIBLING, GUENTHER |
| STREET ADDRESS | 1350 E. NEWPORT CENTER DR., STE. 206 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | MGR |
| NAME | MERRIGAN, PETER |
| STREET ADDRESS | 118 MILK ST. |
| CITY-ST-ZIP | BOSTON, MA 02109 |
| TITLE | MGR |
| NAME | TULLY, SCOTT |
| STREET ADDRESS | 118 MILK ST. |
| CITY-ST-ZIP | BOSTON, MA 02109 |
| TITLE | MGR |
| NAME | KASSOF, LINDA |
| STREET ADDRESS | 1350 E. NEWPORT CENTER DR., STE. 206 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | MGR |
| NAME | GOVAN, CRAIG |
| STREET ADDRESS | 1350 E. NEWPORT CENTER DR., STE. 206 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |

**DO NOT WRITE IN THIS SPACE**

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 Kassof 4.1.08 954 428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #