## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Apr 29, 2005 08:00 AM Secretary of State

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1. Entity Name

CD83 CONTRACTORS BUSINESS PARK, LLC



Principal Place of Business

Mailing Address

1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442

1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442



03152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0193552 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

700 VILLAGE SQUARE CROSSING, SUITE 102B

ATTN: JAMES KAY

PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat   | named entity submits this statement for the purpose of char<br>illons of registered agent,        | iging its registered | office or registered agent, or bot        | th, in the State of Florida. I am familiar with, and accept |
|--|---|----------------------|---|---|
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE, Register, |   |                      | pent signature required when reinstating) | DATE  |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2005   | :_                   |   |   |
| 9.   | MANAGING MEMBERS/MANAGERS   |                      |   | <u> </u>  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>FLATAUR CD83, LTD.<br>1350 E. NEWPORT CENTER DRIVE, SUITE 206<br>DEERFIELD BEACH, FL 33442 |                      |   | U00000043 070   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                      |   | U00000341079<br>04/29/05-80001-012 55.00                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                      | DO  | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔    | IN 7                                      | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                      |   |   |
| TITLE<br>NAME<br>STREET ADDRESS  |   |                      |   | ŗ   |

11. I hereby certify that the information supplied with this filing does not qualify 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 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/22/200

(954)428-4585

Daytime Phone #