


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

DOCUMENT # L03000041696-

1. Entity Name
CDLP PROPERTIES, LLC



02-04-2004 90230 026 ****50.00
03-09-2004 90296 005 *****5.00

Principal Place of Business 1220 ALDEN ROAD ORLANDO FL 32803		Mailing Address 1220 ALDEN ROAD ORLANDO FL 32803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 20-0337141		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, BRADLEY J ESQ. 1031 WEST MORSE BOULEVARD, SUITE 350 WINTER PARK FL 32789		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Peterson, Lonnie G.		NAME		
STREET ADDRESS	1220 Alden Road		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32803		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lynch, Michael E.		NAME		
STREET ADDRESS	1220 Alden Road		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32803		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Downs, James E. Jr.		NAME		
STREET ADDRESS	1220 Alden Road		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32803		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael E. Lynch* **MICHAEL E. LYNCH** 1/27/04 407-228-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #