


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000041696

1. Entity Name
CDLP PROPERTIES, LLC



Principal Place of Business Mailing Address
1925 PROSPECT AVENUE **1925 PROSPECT AVENUE**
ORLANDO FL 32814 **ORLANDO FL 32814**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

DAVIS, BRADLEY J ESQ.
1031 WEST MORSE BOULEVARD, SUITE 350
WINTER PARK FL 32789

4. FEI Number Applied For
20-0337141 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent sig. state req. and if when reissuing) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PETERSON, LONNIE G	
STREET ADDRESS	1925 PROSPECT AVENUE	
CITY - ST - ZIP	ORLANDO FL 32814	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LYNCH, MICHAEL E	
STREET ADDRESS	1925 PROSPECT AVENUE	
CITY - ST - ZIP	ORLANDO FL 32814	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DOWNS, JAMES E JR.	
STREET ADDRESS	1925 PROSPECT AVENUE	
CITY - ST - ZIP	ORLANDO FL 32814	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000840226
03/06/08-80040-006-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **2/21/08** **407-661-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Expiration Period