
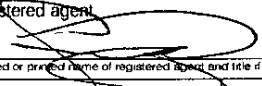
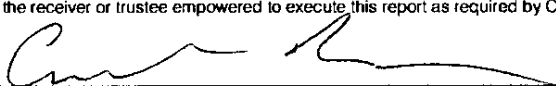


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90072 030 ****50.00

DOCUMENT # L04000007461 1. Entity Name CDR 254/139 LLC																																																					
Principal Place of Business 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785 US			Mailing Address 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785 US																																																		
2. Principal Place of Business - No P.O. Box # 60021138 617 Badger Ct			3. Mailing Address 617 Badger Ct																																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																		
City & State Montrose, CO			City & State Montrose, CO																																																		
Zip 81401			Zip 81401																																																		
Country 			Country 																																																		
4. FEI Number 20-0651883			Applied For <input type="checkbox"/> Not Applicable																																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																																																		
6. Name and Address of Current Registered Agent RUZIC, CYNTHIA D 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785			7. Name and Address of New Registered Agent Name Joseph N. Dinunzio Street Address (P.O. Box Number is Not Acceptable) 2555 N. TAMiami Trail City NAPLES FL Zip Code 34103																																																		
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 2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> MGRM RUZIC, CYNTHIA D 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUZIC, CYNTHIA D 446 HARBOR DRIVE NORTH INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 617 Badger Court Montrose, CO 81401 </td> <td style="width: 10%;"></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 617 Badger Court Montrose, CO 81401																						
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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 606, Florida Statutes.																																																					
SIGNATURE:  DATE 2/26/07 970 394 4200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>																																																					