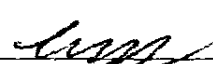


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007524 1. Entity Name CDR MTL 145 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0652001	
5. Certificate of Status Desired ☐		\$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 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 signature required when terminating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	RUZIC, CYNTHIA D				
STREET ADDRESS	446 HARBOR DRIVE NORTH				
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785				
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	LEWIS, MICHAEL T				
STREET ADDRESS	606 N. HERCHEL DRIVE				
CITY-ST-ZIP	TEMPLE TERRACE FL 33617				
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes					
SIGNATURE:  Cynthia D. Ruzic 1/30/06					



1st MOORE CR2E083 (10/05)

Applied For Not Applied

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

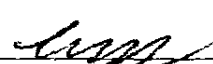
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SIGNATURE:  **Cynthia D. Ruzic** 1/30/06