



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |
|---|---|---|
| <b>DOCUMENT # L04000008088</b>  |   |    |
| 1. Entity Name<br>CDHM GROUP, LLC   |   |   |
| Principal Place of Business<br>ATTN: DONALD PACE<br>2137 N COURTENAY PKWY SUITE 23<br>MERRITT ISLAND, FL 32953  |   | Mailing Address<br>ATTN: DONALD PACE<br>2137 N COURTENAY PKWY SUITE 23<br>MERRITT ISLAND, FL 32953                        |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |
|   |   | <br>04112006No Chg-LLC CR2E083 (11/05) |
|   |   | 4. FEI Number<br>20-0665509<br>Applied For<br>Not Applicable  |
|   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                  |
| 6. Name and Address of Current Registered Agent<br><br>PACE, DONALD<br>2137 N. COURTENAY PKWY., SUITE 23<br>MERRITT ISLAND, FL 32953  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br>SIGNATURE <u>Donald Pace</u> DATE <u>4-11-06</u><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>  |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006<br>000000509131<br>04/28/06-80032-006 50.00   |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MEMBER<br>PACE, DONALD OWNER<br>2137 N COURTENAY PKWY, SUITE 23<br>MERRITT ISLAND, FL 32953 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |   |   |
| 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.<br>SIGNATURE <u>Donald Pace</u> Date <u>4-11-06</u> Daytime Phone # <u>321-453-3127</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> |   |   |