

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000031792

1. Entity Name
CD88, LLC



Principal Place of Business

1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442

Mailing Address

1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1145811

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING, SUITE 102B
C/O JAMES R. KAY
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REIBLING, LORENZ
STREET ADDRESS	118 MILK STREET
CITY-STATE-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E. NEWPORT CENTER DR., SUITE 206
CITY-STATE-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	MERRIGAN, PETER
STREET ADDRESS	118 MILK STREET
CITY-STATE-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	TULLY, SCOTT
STREET ADDRESS	118 MILK STREET
CITY-STATE-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	KASSOF, LINDA
STREET ADDRESS	1350 E. NEWPORT CENTER DR., SUITE 206
CITY-STATE-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	HERMAN, WILLIAM
STREET ADDRESS	1350 E. NEWPORT CENTER DR., SUITE 206
CITY-STATE-ZIP	DEERFIELD BEACH, FL 33442

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04/03/07-00020-014 55.00

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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 608, Florida Statutes.

SIGNATURE:

Linda Kassof

3-23-07

954 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #