



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000033079 1. Entity Name CDP, LLC						06 FEB 24 AM 9:42	
Principal Place of Business C/O DAROL H.M. CAR 99 NESBIT STREET PUNTA GORDA, FL 33950				Mailing Address C/O DAROL H.M. CAR 99 NESBIT STREET PUNTA GORDA, FL 33950			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number		Applied For	
33951-1238		Punta Gorda FL		86-1104383		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02102006 REIN-LLC CR2E101 (11/05)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARR, DAROL H ESQ FARR, FARR, EMERICH, SIFRIT, HACKETT & CARR, P. 99 NESBIT STREET PUNTA GORDA, FL 33950				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 reinstating) DATE _____							
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
				m/m DAROL H. M. CARR 6330 Riverside Drive Punta Gorda, FL 33982			
				m/m Richard Page 2425 Bogata Street Port Charlotte FL 33980			
				m/m Randall F. Dunn, Trustee 2211 Bermuda Street Port Charlotte, FL 33980			
				100067306901 03/07/06--01021--001 **200.00			
				REINSTATEMENT 05-06			
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: _____				2-13-06 941-639-1158			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			