2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033079

1. Entity Name
CDP, LLC

Principal Place of Business	Mailing Address
C/O DAROL H.M. CAR 99 NESBIT STREET PUNTA GORDA, FL 33950	PO BOX 511238 PUNTA GORDA, FL 33951-1238

01092007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
86-1104383
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, DAROL H ESQ
FARR,FARR,EMERICH,SIFRIT,HACKETT & CARR,P.
99 NESBIT STREET
PUNTA GORDA, FL 33950

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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:
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000584791
01/12/07-80050-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MM
NAME	CARR, DAROL H.M.
STREET ADDRESS	6330 RIVERSIDE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	MM
NAME	PAGE, RICHARD
STREET ADDRESS	2425 BOGATA STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	MM
NAME	DUNN, RANDALL F TRUSTEE
STREET ADDRESS	2211 BERMUDA STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #