

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000055812

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** CDM PROPERTY INVESTMENTS, LLC

**Current Principal Place of Business:**

5750 SW 88 STREET  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5750 SW 88 STREET  
PINECREST, FL 33156

**New Mailing Address:**

**FEI Number:** 42-1641249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIU, ROBERT MR  
5750 SW 88 STREET  
PINECREST, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROBERT, SIU MR  
Address: 5750 SW 88 STREET  
City-St-Zip: PINECREST, FL 33156 US

Title: MGRM  
Name: CRUZ, JAVIER MR  
Address: 13170 SW 134 STREET  
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM  
Name: JIMENEZ, ROBERT MR  
Address: 6650 NW 77 COURT  
City-St-Zip: MIAMI, FL 33166

Title: MGRM  
Name: ANDRADE, PABLO MR  
Address: 7064 S.W. 44TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: MGRM  
Name: THE NATASHA ANDRADE 2005 IRREVOCABLE TRUST  
Address: PO BOX 416598  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR  
Name: ANDRADE, NATASHA  
Address: PO BOX 416598  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT SIU

MGR

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date