

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063212

Entity Name: CDK DEVELOPMENT, LLC

FILED  
Apr 07, 2006  
Secretary of State

**Current Principal Place of Business:**

810 S. STERLING AVENUE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

810 S. STERLING AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 57-1212294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERNER, DAVID R  
810 S. STERLING AVENUE  
TAMPA, FL 33609 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: MGRM ( ) Delete  
Name: BERNER, CARL E  
Address: 125 W. AVENIDA DEL RIO  
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM ( ) Delete  
Name: BERNER, DAVID R  
Address: 3612 W GRANADA STREET  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: ARCURI, KAREN BERNER  
Address: 11755 SHIRBURN CIRCLE  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID R. BERNER

PRES

04/07/2006

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