

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063212

Entity Name: CDK DEVELOPMENT, LLC

FILED
Apr 29, 2009
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:

2002 N. LOIS AVENUE
SUITE 500
TAMPA, FL 33607

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:

BERNER, DAVID R
2002 N. LOIS AVENUE
STE 500
TAMPA, FL 33607 US

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:

04/29/2009

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 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 BERNER

MAN

04/29/2009

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