

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90006 018 ****50.00

DOCUMENT # L04000066963

1. Entity Name

CFDB, L.L.C.



Principal Place of Business

6039 CYPRESS GARDENS BLVD.
146
WINTER HAVEN FL 33884

Mailing Address

6039 CYPREDD GARDENS BLVD.
146
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

6039 Cypress Gardens Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#146

City & State

City & State

Winter Haven, FL

Zip

Country

Zip

Country

33884

FL

4. FEI Number

59-3790202

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREED, CHARLES S
6039 CYPRESS GARDENS BLVD.
146
WINTER HAVEN FL 33884

Name

David L. Blount

Street Address (P.O. Box Number is Not Acceptable)

6039 Cypress Gardens Blvd.

City

Winter Haven

FL

Zip Code

33884

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

David L. Blount

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FREED, CHARLES S
STREET ADDRESS 6039 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BLOUNT, DAVID
STREET ADDRESS 6039 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David L. Blount David L. Blount 2/15/06 863-661-5315