


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067855 1. Entity Name CDR HOLDINGS, LLC	
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Principal Place of Business 5553 SPRINGHILL ROAD TALLAHASSEE, FL 32305	Mailing Address 5553 SPRINGHILL ROAD TALLAHASSEE, FL 32305
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DO NOT WRITE IN THIS SPACE



03242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1619980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTER, RICKY R 5553 SPRINGHILL ROAD TALLAHASSEE, FL 32305

**DO NOT WRITE
IN THIS SPACE**

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


**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR REGISTER, RICKY R 5553 SPRINGHILL ROAD TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DRAUGHON, DAVID 6745 CROOKED CREEK TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JACKSON, CARLTON 12373 BARONEAU RD TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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04/29/06-80198-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  (850-545-0735) **ORIGINAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE