2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

TITLE TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	DOCUMENT # L04000078 1. Entity Name CDS EAST, LLC	ər -		05-02-200	5 90124 040 ****55.00	
2. Principal Proof of Business 23.0 C COLLINS AVE 25.0 CO	2121 PONCE DE LEON BLVD. Suite 330	2121 PONCE DE LEON BLVI Suite 330	D.	** **********************************	,	
Sign, And # stop— Applied for Fig. Copy & State Copy & Stat	2. Principal Place of Business	3. Mailing Address	us deve			
MAY		Suite, Apt. #, etc.	1101	04132005 Chg-LLC	CR2E083 (10/03)	
Country Country Count	1		CH FL	4. FEI Number		
S. Name and Address of New Registered Agent ORTIZ, MICHAEL ESO. 2121 PONCE DE LEON BLVD. SUITE 330 CORAL GABLES, FL 33134 ### OS **PH	_ Zip Country	Zio Co	nuntry	5. Certificate of Status Desired	\$5.00 Additional	
ORTIZ, MICHAEL ESQ. 2121 PONCE DE LEON BLVD. SUITE 330 CORAL GABLES, FL 33134 #################################	6. Name and Address of Current			7. Name and Address of New	Registered Agent	
SUTE 300 CORAL GABLES, FL 33134 #################################			フドイ		ile),	
8. The above nativided unity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Psydds. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synthetic professor for more if registered agent and the if agenticate. INCITE Programed Agent agreem, required when required the requirement of State Filling Foe is \$50,000 Blanks check payable to Florida Department of State Filling Foe is \$50,000 Blanks check payable to Psydds t	SUITE 330		4501	# DH OC		
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