

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90124 040 \*\*\*\*55.00

DOCUMENT # L04000078974

1. Entity Name  
CDS EAST, LLC



Principal Place of Business  
2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134

Mailing Address  
2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134

2. Principal Place of Business

2301 COLLINS AVE

3. Mailing Address

2301 COLLINS AVE

Suite, Apt. #, etc.  
PH 05

Suite, Apt. #, etc.  
PH 05

City & State  
MIAMI BEACH, FL

City & State  
MIAMI BEACH FL

Zip  
33139

Country  
DAVE-MIAMI

Zip  
33139

Country  
MIAMI-DAVE

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL ESQ.  
2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
JEFF WALTER

Street Address (P.O. Box Number is Not Acceptable)  
2301 COLLINS AVE

# PH 05

City MIAMI BEACH FL Zip Code 33139

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 Jeff Walter JEFF WALTER MAN. MEMB 4/28/05  
Signature of person printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MANAGING MEMBER~~ ☐ Delete  
NAME ~~JEFF WALTER~~  
STREET ADDRESS ~~2301 COLLINS AVE #PH05~~  
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME JEFF WALTER  
STREET ADDRESS 2301 COLLINS AVE #PH05  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MGRM ☐ Change ☒ Addition  
NAME CHRISTINE WALTER  
STREET ADDRESS 2301 COLLINS AVE #PH05  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MGRM ☐ Change ☒ Addition  
NAME SEAN WALTER  
STREET ADDRESS 7535 NE 25 ST  
CITY-ST-ZIP VANCOUVER, WA 98662

TITLE MGRM ☐ Change ☒ Addition  
NAME MORIAN WALTER  
STREET ADDRESS 5515 NE 2ND AVE #11  
CITY-ST-ZIP VANCOUVER, WA 98662

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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: Jeff Walter 4/28/05 360-518  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #