


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

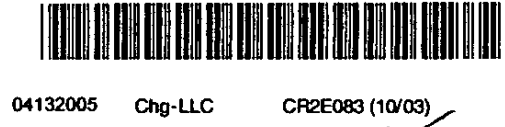
City & State
MIAMI BEACH FL

Zip
33139

Country
MIAMI-DAVE

Zip
33139

Country
MIAMI-DAVE



6. Name and Address of Current Registered Agent

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

4. FEI Number
04132005 Chg-LLC CR2E083 (10/03)

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

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

State
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 agent, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH JEFF WALTER 2301 COLLINS AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEFF WALTER 2301 COLLINS AVE #PH05 MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTINE WALTER 2301 COLLINS AVE #PH05 MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAN WALTER 2535 NE 25 ST VANCOUVER, WA 98662	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORIAN WALTER 2535 NE 25 ST VANCOUVER, WA 98662	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **3185** Daytime Phone #