


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079668 1. Entity Name CDM POWERS, LLC	
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Principal Place of Business 949 SPINNAKERS REACH DRIVE PONTE VEDRA BEACH, FL 32082	Mailing Address P.O. BOX 178 PONTE VEDRA BEACH, FL 32004 US
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DO NOT WRITE IN THIS SPACE



07062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1666637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CURLEY, CHARLES R JR ESQ 1301 RIVERPLACE BOULEVARD, SUITE 1500 JACKSONVILLE, FL 32207
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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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDANIEL, COLY D MGR P.O. BOX 178 PONTE VEDRA BEACH, FL 32004
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07/11/06-80020-019 50.00

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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:  **7/6/06** **(904) 334-0307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #