

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90336 008 \*\*\*\*55.00

**DOCUMENT # L04000084086**

1. Entity Name  
SPDK, LLC



Principal Place of Business  
425 RARITAN CENTER PARKWAY  
EDISON, NJ 08837

Mailing Address  
425 RARITAN CENTER PARKWAY  
EDISON, NJ 08837

**20047282**



03102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2070460

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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	MGR
NAME	CDG MANAGEMENT, L.L.C.
STREET ADDRESS	425 RARITAN CENTER PARKWAY
CITY-STATE-ZIP	EDISON, NJ 08837
TITLE	PRESIDENT
NAME	SCOTT PASCH
STREET ADDRESS	425 RARITAN CTR PARKWAY - EDISON, NJ 08837
CITY-STATE-ZIP	EDISON, NJ 08837
TITLE	VICE-PRESIDENT
NAME	DAVID KEEZER
STREET ADDRESS	425 RARITAN CTR PARKWAY - EDISON, NJ 08837
CITY-STATE-ZIP	EDISON, NJ 08837
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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:** *Edward H. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*5/25/06*

*732-512-9900*