## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AB) Socretory of State

DOCUMENT # L04000084355				Secretary of State
1. Entity Nam				03-16-2005 90293 018 ****50.00
CMD,LLC				
Principal Plac	ce of Business	Mailing Address		1
192 N CORBIN AVE INNVERNESS FL 34453 US		192 N CORBIN AVE INNVERNESS FL 34453 US	3	
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/04)
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number   9   2828   Applied For   Not Applicable
Zip	Country	Zip	*Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of (	Current Registered Agent		7. Name and Address of New Registered Agent
_			Name `	
CRABTREE, DAVID M 192 N CORBIN AVE INVERNESS FL 34453			Street Address	(P.O. Box Number is Not Acceptable)
HVV.	ERINESS FL 34453			,
			City	FL Zip Code
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				
		FILE NO	W!!! FEE IS \$50.00	
			e to Florida Departme By May 1, 2005	ent of State
9.	<del></del>	MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME	MGRM CRABTREE, DAVID M	C Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	192 N CORBIN AVE	,	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453		CITY-ST-ZIP	
TITLE		☐ Delete	HILE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CHTY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP	·	<del></del>	STREET ADDRESS CITY-ST-7IP	
TOTLE	,	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-SI-ZIP		•	CITY-ST-ZIP	
πιτΕ	·	☐ Detete	THLE	Change Addition
NAME	}	•	NAME	
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP	·
TITLE		☐ Delete	TITLE	: Change Addition
NAME			NAME	- vienge _ common
STREET ADDRESS			STREET ADDRESS	•
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylorg Phone #				