

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90147 034 ****50.00

DOCUMENT # L05000005907

1. Entity Name
CDS/ABDO, LLC



Principal Place of Business
11891 U.S. HIGHWAY ONE
SUITE 100
NORTH PALM BEACH, FL 33408

Mailing Address
11891 U.S. HIGHWAY ONE
SUITE 100
NORTH PALM BEACH, FL 33408

2. Principal Place of Business
95 NE 4th Ave.
Suite, Apt. #, etc.

3. Mailing Address
95 N.E. 4th Ave.
Suite, Apt. #, etc.



04142006 Chg-LLC CR2E083 (11/05)

City & State
Delray Beach, FL
Zip
33483 Country
Palm Bch

City & State
Delray Beach, FL
Zip
33483 Country
Palm Bch

4. FEI Number
20-2205628 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~HACKNEY, ROBERT E.~~
~~11891 U.S. HIGHWAY ONE~~
~~STE. 100~~
~~NORTH PALM BEACH, FL 33408~~

7. Name and Address of New Registered Agent

Name
W.H. M. / MDE
Street Address (B.O. Box number is Not Acceptable)
CDS INTERNATIONAL HOLDINGS, INC
95 NORTHEAST FOURTH AVE
City
DELRAY BEACH FL Zip Code
33483

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	Fifth Leg Management, LLC
CITY - ST - ZIP	11891 US Highway One Ste 100
	North Palm Beach, FL 33408
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	CDS RETAIL, LLC
CITY - ST - ZIP	95 NORTHEAST FOURTH AVE
	DELRAY BEACH, FL 33483
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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

Date

Daytime Phone #

W.H. M. / MDE 4/2/06