2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009845

Entity Name: CDEFS, LLC

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

TIDIKIS, FRANK

6 KINGSTON COURT

STUART, FL 34996

GELLER, STEVE

() Delete

() Delete

17212 WHITE HAVEN DRIVE

BOCA RATON, FL 33496

FILED Feb 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6 KINGSTON COURT 12 CRANES NEST STREET STUART, FL 34996 STUART, FL 34996 **Current Mailing Address: New Mailing Address: 6 KINGSTON COURT** 12 CRANES NEST STREET STUART, FL 34996 STUART, FL 34996 FEI Number: 42-1661830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: TIDIKIS, FRANK TIDIKIS, FRANK 6 KINGSTON COURT 12 CRANES NEST STREET US STUART, FL 34996 STUART, FL 34996 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. SIGNATURE: 02/24/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete EMBY, CHARLES Name: Name: 7303 BALLANTRAE COURT Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DRYKERMAN, DAN Name: Name: Address: 20290 FAIRWAY OAKS DRIVE, #253 Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GOLDMAN, ED M.D. Name: Name: 7000 WEST CYPRESSHEAD DRIVE Address: Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

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SIGNATURE: FRANK TIDIKIS MGRM 02/24/2008