2007 LIMITED LIABILITY COMPANY ANNUAL REPORT -

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000013240

1. Entity Name
CDG ENTERPRISES LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1744 SE JOY HAVEN STREET PORT ST. LUCIE, FL 34983 1744 SE JOY HAVEN STREET PORT ST. LUCIE, FL 34983



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2247323

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GOETZ, ANDREW W 1744 SE JOY HAVEN ST. PORT ST. LUCIE, FL 34983

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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, 2007

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9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ERLACH, GISELE G
STREET ADDRESS	982 CHETTENHAM
CITY-ST-ZIP	SANTA BARBARA, CA 93105
TITLE	MGRM
NAME	GOETZ, PETER T
STREET ADDRESS	3202 MARWICK AVE
CITY-ST-ZIP	LONG BEACH, CA 90808
TITLE	MGRM
NAME	GOETZ-PINSON, RENEE E
STREET ADDRESS	1036 LA RUE AVE
CITY-ST-ZIP	LA VERNE, CA 91750
TITLE	MGRM
NAME	GOETZ, ANDREW W
STREET ADDRESS	1744 SE JOY HAVEN ST
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TOTLE	MGRM
NAME	GOETZ, DIANA F
STREET ADDRESS	1744 SE JOY HAVEN ST
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	MGRM
NAME	GOETZ, GEORGETTE R
STREET ADDRESS	839 MILLBURGH
CITY-ST-ZIP	GLENDORA, CA 91740
44. I hereby certify that the information supplied with this filling does not qualify for the ex-	

U00000743876 05/15/07-80125-020 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.

IGNATURE: And TYPED OF PRINTED HAD BEEN MANAGED WITHOUT REPRESENTATIVE

9 APR 07

(772) 359-720

Daytima Phone #