

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013240

Entity Name: CDG ENTERPRISES LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 35-2247323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ERLACH, GISELE G  
Address: 982 CHETTENHAM  
City-St-Zip: SANTA BARBARA, CA 93105 US

Title: MGRM ( ) Delete  
Name: GOETZ, PETER T  
Address: 3202 MARWICK AVE  
City-St-Zip: LONG BEACH, CA 90808 US

Title: MGRM ( ) Delete  
Name: GOETZ-PINSON, RENEE E  
Address: 1036 LA RUE AVE  
City-St-Zip: LA VERNE, CA 91750 US

Title: MGRM ( ) Delete  
Name: GOETZ, ANDREW W  
Address: 1744 SE JOY HAVEN ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGRM ( ) Delete  
Name: GOETZ, DIANA F  
Address: 1744 SE JOY HAVEN ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGRM ( ) Delete  
Name: GOETZ, GEORGETTE R  
Address: 839 MILLBURGH  
City-St-Zip: GLENDORA, CA 91740

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: ANDREW W. GOETZ

MR.

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date