

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029579

FILED
Feb 04, 2006
Secretary of State

Entity Name: CDL REAL ESTATE INVESTMENT LLC

Current Principal Place of Business:

2120 AMARGO WAY
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2120 AMARGO WAY
NAPLES, FL 34119

New Mailing Address:

110 JOANNA DRIVE
TOMS RIVER, NJ 08753

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMON, RICHARD
2120 AMARGO WAY
NAPLES, FL 34119 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: DAMON, RICHARD
Address: 2120 AMARGO WAY
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: CELAURO, NATHAN
Address: CARE OF R DAMON 2120 ARMARGO WAY
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: LANDOLFI, ANTHONY
Address: CARE OF R DAMON 2120 AMARGO WAY
City-St-Zip: NAPLES, FL 34119

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD DAMON

MGMR

02/04/2006

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