


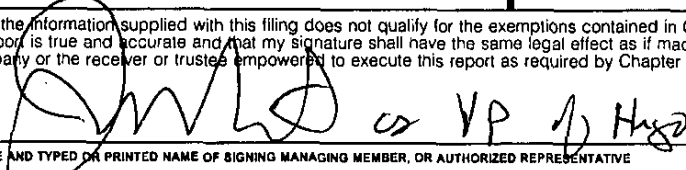


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000039921</b>			
1. Entity Name CDMT PROPERTIES, LLC			
Principal Place of Business 3300 SE 22ND AVENUE OCALA, FL 34471	Mailing Address 3300 SE 22ND AVENUE OCALA, FL 34471		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01252007 No Chg-LLC      CR2E083 (11/05)	
		4. FEI Number 52-2458868	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
DIAZ, JASON M 3109 SE 24TH TERRACE OCALA, FL 34471		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGO PROPERTIES, INC. 151 SE 15TH ROAD, #1502 MIAMI, FL 33129	 <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, JASON M 3109 SE 24TH TERRACE OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRIAM, LAUREN E III 3010 SE 22ND AVENUE OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		2/14/07 352-732-7218	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	