


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90042 036 \*\*\*\*50.00

<b>DOCUMENT # L05000050086</b>	
1. Entity Name <b>CDM SERVICES, LLC</b>	

Principal Place of Business <b>P.O. BOX 51825 SARASOTA FL 34232</b>	Mailing Address <b>P.O. BOX 51825 SARASOTA FL 34232</b>
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2. Principal Place of Business <b>306 HOWLE AVE</b>	3. Mailing Address <b>P.O. BOX 51825</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State <b>SARASOTA, FL</b>	City & State <b>SARASOTA, FL</b>
Zip <b>34232</b>	Zip <b>34232</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-2872703</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MCLEOD, CHARLES E JR 6152 279TH STREET E. MYAKKA CITY FL 34251</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code


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
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCLEOD, CHARLES E JR P.O. BOX 51825 SARASOTA FL 34232</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **(CHARLES E. MCLEOD)** **4/3/06** **(941) 342-1888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Daytime Phone #