2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90175 036 ****50.00

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1. Entity Name
CD ENTERPRISES, LLC

6002456

03192007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
12565 NW 67TH DRIVE PARKLAND, FL 33076	12565 NW 67TH DRIVE PARKLAND, FL 33076

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8188 PINE CIRCLE	264 FARNSLEIGH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State: BLUFFTON, SC
Zip: 33321 Country:	Zip: 29910 Country:

4. FEI Number: 20-0002407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, DOUGLAS 12565 NW 67TH DRIVE PARKLAND, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	264 FARNSLEIGH AVE BLUFFTON, SC 29910	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, PAULINE A 12565 NW 67TH DRIVE PARKLAND, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	264 FARNSLEIGH AVE BLUFFTON, SC 29910	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Douglas D Myers, MEMBER 3/20/07 954-341-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #