

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085329

FILED
Apr 28, 2008
Secretary of State

Entity Name: CDC DEVELOPERS OF FLORIDA, LLC

Current Principal Place of Business:

941 WEST HIGHWAY 20
FREEPORT, FL 32439

New Principal Place of Business:

309 E COUNTY HIGHWAY 83A
FREEPORT, FL 32439

Current Mailing Address:

941 WEST HIGHWAY 20
FREEPORT, FL 32439

New Mailing Address:

309 E. COUNTY HIGHWAY 83A
FREEPORT, FL 32439

FEI Number: 20-3377475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, CHRISTOPHER
1075 MCCALL DAIRY ROAD
DEFUNIAK SPRINGS, FL 32435 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: SIMMONS, CHARLIE
Address: 941 WEST HIGHWAY 20
City-St-Zip: FREEPORT, FL 32439

Title: MGRM () Delete
Name: WEEKS, CHRISTOPHER
Address: 1075 MCCALL DAIRY ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MGRM () Delete
Name: SIMMONS, DONNA
Address: 941 WEST HIGHWAY 20
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMMONS, CHARLIE
Address: 309 E COUNTY HIGHWAY 83A
City-St-Zip: FREEPORT, FL 32439

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

Title: MGRM (X) Change () Addition
Name: SIMMONS, DONNA
Address: 309 E COUNTY HIGHWAY 83A
City-St-Zip: FREEPORT, FL 32439

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: CHRISTOPHER R. WEEKS

MGMR

04/28/2008

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