2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # L05000094581 1. Entity Name C.D. ANGLER L.L.C. Principal Place of Business Mailing Address					04-20-2006 90	0025 014 ****55.0	00
16 FIRST STE		Mailing Address 16 FIRST STREET BONITA SPRINGS, FL 34	1134				
	lace of Business NRST STREET #, etc.	3. Mailing Address 16 FIRST S Suite, Apt. #, etc.	TREET	04172006		CR2E083 (11/05)	
City & State		City & State	11/4.S F0	4. FEI Num	ber	Ap	plied For
Zip 3413	A SPRINUS, FL Country USA	BONITA SPRIJ 34134	O(5) FI Country USA		690752 te of Status Desired	\$5.00 Add Fee Required	
	6. Name and Address of Current R			7. Name ar	d Address of New Re	gistered Agent	
VONDEDA	11.041/10		Name				
VONDERAU, DAVID 16 FIRST STREET BONITA SPRINGS, FL 34134				t Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registered agent, or b	oth, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating)		OATE	
Filing Fee is \$50.00 Due by May 1, 2006				•	Make check payable to Florida Department of State		
Fi De	ling Fee is \$50.00 ue by May 1, 2006						B
Fi Di	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEF		10.			Department of State	
9. TITLE NAME	ue by May 1, 2006	RS/MANAGERS Delete	TITLE NAME		ADDITIONS/O	Department of State	Addition
9. TITLE	ue by May 1, 2006		TITLE	CHARLES 13 FIRST S	ADDITIONS/O BOHLEY TREET	Department of State CHANGES Change	
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	ue by May 1, 2006		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CHARLES IS FIRST S BONITA S MGRM DAVID M	ADDITIONS/O ADDITIONS/O BOHLEY TREET PRINGS FL	Department of State CHANGES Change	
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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.

239-455-3 108

SIGNATURE:

Warriel M. Florida Statutes.

239-455-3 108

SIGNATION AND TYPED OR BOILTED HAVE OF SIGNING MANAGING HEMBED MANAGED OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #