

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90021 025 ***138.75

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04012008 Chg-LLC CR2E083 (12/06)

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|--|--|--|---|---|--|
| DOCUMENT # L06000001951 1. Entity Name CDC LAND INVESTMENTS, LLC | | | | | |
| Principal Place of Business 3003 TAMiami TRAIL, NORTH, SUITE 400 NAPLES, FL 34103 | | | Mailing Address 3003 TAMiami TRAIL, NORTH, SUITE 400 NAPLES, FL 34103 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-1266785 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent Taft, Eleanor W 3003 TAMiami TRAIL, NORTH, SUITE 400 NAPLES, FL 34103 | |
| 7. Name and Address of New Registered Agent Name CORINA, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 3003 TAMiami TRAIL NORTH, STE 400 City State Zip Code NAPLES FL 34103 | | | | 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 Robert D. Corina DATE 4-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FLOOD, THOMAS J 3003 TAMiami TR NORTH SUITE 400 NAPLES, FL 34103 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CDC LAND INVESTMENTS, INC. 3003 TAMiami TRAIL NORTH, STE 400 NAPLES, FL 34103 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CORINA, ROBERT D 3003 TAMiami TR NORTH SUITE 400 NAPLES, FL 34103 | <input checked="" 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 | MGR Taft, Eleanor W 3003 TAMiami TR NORTH SUITE 400 NAPLES, FL 34103 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Robert D. Corina | | | DATE: 4-11-08 DAYTIME PHONE: (239) 261-4455 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |