

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016751

Entity Name: CDI EAST COAST, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 10066
FOURWAYS EAST, SOUTH AFRICA, -- 2055 SA

New Principal Place of Business:

2539 GARY CIRCLE
#603
DUNEDIN, FL 34698

Current Mailing Address:

2198 MAIN STREET
SARASOTA, FL 34237

New Mailing Address:

2539 GARY CIRCLE
#603
DUNEDIN, FL 34698

FEI Number: 20-4325813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER J. JAENSCH IMMIGRATION LAW FIRM, PA
2198 MAIN STREET
SARASOTA, FL 34237 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: BEZUIDENHOUT, DERICK P
Address: 7 MOPANI PLACE, BEACON BAY
City-St-Zip: EAST LONDON, SOUTH AFRICA, -- 5201 SA

Title: MGRM () Delete
Name: CDI SOUTHERN AFRICA, (PTY) LTD
Address: P.O. BOX 10066
City-St-Zip: FOURWAYS EAST, SOUTH AFRICA, -- 2055 SA

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEZUIDENHOUT, DERICK P
Address: 2539 GARY CIRCLE #603
City-St-Zip: DUNEDIN, FL 34698

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DERICK BEZUIDENHOUT

MGRM

04/11/2007

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