

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000044378

1. Entity Name
CD119 GP, LLC



Principal Place of Business

1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442

Mailing Address

1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4839720

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAURUS SOUTHERN INVESTMENTS, LLC
1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REIBLING, LORENZ
STREET ADDRESS	112 MILK STREET
CITY-STATE-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, SUITE 206
CITY-STATE-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	MERRIGAN, PETER
STREET ADDRESS	112 MILK STREET
CITY-STATE-ZIP	BOSTON, MA 02109
TITLE	MGR
NAME	KASSOF, LINDA G
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, SUITE 206
CITY-STATE-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGR
NAME	MCFADDEN, JEFF
STREET ADDRESS	1560 ORANGE AVENUE, SUITE 410
CITY-STATE-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/26/08-80069-002 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12 Feb. 2008

954-428-4585