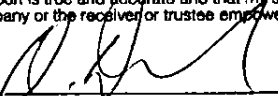


FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90035 028 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000053409 1. Entity Name CEDE LLC			
Principal Place of Business 9150 BLIND PASS ROAD SARASOTA, FL 34242		Mailing Address 9150 BLIND PASS ROAD SARASOTA, FL 34242	
2. Principal Place of Business - No P.O. Box # 15241 Blue Fish Cir Suite, Apt. #, etc.		3. Mailing Address 15241 BLUE FISH CIR Suite, Apt. #, etc.	
City & State BRADENTON, FL Zip 34202 Country USA		City & State BRADENTON, FL Zip 34202 Country USA	
4. FEI Number 01 0867568		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		07052007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BERNSTEIN & ASSOCIATES 12000 BISCAYNE BLVD., SUITE 106 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____			
Filing Fee is \$60.00 Due by September 14, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Managing Director ☐ Delete NAME Christopher Jensch STREET ADDRESS 15241 Blue Fish Cir CITY-ST-ZIP Bradenton, FL 34202	☐ Change ☐ Addition		
TITLE Managing Member ☐ Delete NAME Larry Bausman STREET ADDRESS 940 Blind Pass Rd CITY-ST-ZIP Sarasota, FL 34242	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 		CHRISTOPH JENSCH 09/05/07 941-727-9606	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

60055850