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Sep 11, 2007 8:00 am
Secretary of State
09-11-2007 90035 028 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

60055858

DOCUMENT # L06000053409

1. Entity Name
CEDE LLC

Principal Place of Business	Mailing Address
9150 BLIND PASS ROAD SARASOTA, FL 34242	9150 BLIND PASS ROAD SARASOTA, FL 34242

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15241 Blue Fish Cir	15241 BLUE FISH CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34202 Country: USA	Zip: 34202 Country: USA

07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 01 0867368 — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNSTEIN & ASSOCIATES 12000 BISCAYNE BLVD., SUITE 106 NORTH MIAMI, FL 33181	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $60.00
Due by September 14, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director Christoph Deusch 15241 Blue Fish Cir Bradenton, Fl 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Larry Bausman 9150 Blind Pass Rd Sarasota, Fl 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 DEUSCH 09/05/07 941-727-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #