

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90304 046 ***138.75

DOCUMENT # L06000060370

1. Entity Name
CDR II, LLC



Principal Place of Business

950 TAMiami TRAIL
SUITE 101
PORT CHARLOTTE, FL 33953 US

Mailing Address

950 TAMiami TRAIL
SUITE 101
PORT CHARLOTTE, FL 33953 US

60025455



03142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5043750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, CAROL J
950 TAMiami TRAIL
SUITE 101
PORT CHARLOTTE, FL 33953

**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 | MGRM |
| NAME | DUNN, CAROL J |
| STREET ADDRESS | 950 TAMiami TRAIL STE 101 |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33953 |
| TITLE | MGRM |
| NAME | DEGROSS, DEAN |
| STREET ADDRESS | 4211 EAGLE NEST CT |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33948 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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: Carol J. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-08 941-629-8886
Date Daytime Phone #

Carol J. Dunn