2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L06000101243

Entity Name: CDB'S SOUTHSIDE, LLC

Current Principal Place of Business:

3671 S. WESTSHORE BOULEVARD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3671 S. WESTSHORE BOULEVARD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-5732386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IACOVELLA, PASQUAL P
3671 S. WESTSHORE BOULEVARD
TAMPA, FL 33629 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:	MGR	( ) Delete
Name:	IACOVELLA, PASQUAL P	
Address:	2614 S. DUNDEE STREET	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	( ) Delete
Name:	IACOVELLA, NINA G	
Address:	2614 S. DUNDEE STREET	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	( ) Delete
Name:	DIAZ, VALERIE A	
Address:	2620 S. DUNDEE STREET	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	( ) Delete
Name:	DIAZ, CESAR A	
Address:	2620 S. DUNDEE STREET	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	(X) Delete
Name:	SMITH - CLARK, LLC,	
Address:	1002 FRANKLAND ROAD	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	(X) Delete
Name:	CMCK, LP,	
Address:	201 N FRANKLIN ST	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	SMITH, JAMES L	
Address:	1002 S. FRANKLAND ROAD	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGR	(X) Change ( ) Addition
Name:	KIM, BUCHANAN	
Address:	922 HEMINGWAY CIRCLE	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGR	(X) Change ( ) Addition
Name:	ROBERT, ROTHMAN	
Address:	201 N. FRANKLIN STREET	
City-St-Zip:	TAMPA, FL 33602	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: PASQUALE P. IACOVELLA PRES 04/11/2008

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