2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# L07000011333

Entity Name: C.D.S. ENTERPRISE, L.L.C.

Current Principal Place of Business:

4179 MIRAFLORES LANE
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20631
TALLAHASSEE, FL 323160631

New Mailing Address:

P.O. BOX 20631
TALLAHASSEE, FL 32316

FEI Number: 20-8346304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SNELL-BROWN, CHUVALA D
4179 MIRAFLORES LANE
TALLAHASSEE, FL 32304 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: SNELL-BROWN, CHUVULA
Address: PO BOX 20631
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGR ( ) Delete
Name: SNELL, GRADY JR.
Address: #1 FORESTWOOD COURT
City-St-Zip: COLUMBUS, GA 36907

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SNELL-BROWN, CHUVALA D
Address: PO BOX 20631
City-St-Zip: TALLAHASSEE, FL 32316

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: CHUVALA SNELL-BROWN MGR 05/28/2008

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