

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123740

Entity Name: CDK VENTURES, LLC

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

613 S MAGNOLIA AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

613 S MAGNOLIA AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 26-1860578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYPOOL, JAMES E
613 S MAGNOLIA AVENUE
SANFORD, FL 32771 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: CLAYPOOL, JAMES E
Address: 613 S MAGNOLIA AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: DIX, TIMOTHY J
Address: 613 S MAGNOLIA AVENUE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: KNIPFER, MICHAEL F
Address: 910 S PALMETTO AVENUE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES E CLAYPOOL

MGR

02/27/2009

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