2000	UNITURM BUS	ME33 REPU	, ,	(iOD)	<u>",</u>						:	
DOCUMENT # L9900007778  1. Entity Name CDI HOLDINGS, L.L.C.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
OD! HOLL	, L.L.O.						DIVISION OF	CORPOR	AHUNS			
Principal Place	of Business	Mailing Address			—		00 OCT 1	3 AMII	: 02			
,	n avenue. Suite 801	1688 MERIDIAN AVENUE. SUITE 801 MIAMI BEACH FL 33139						_	~~	P		
						1						
2. Principal Pla	ace of Business	3. Mailing Address				ļ	<b>                                    </b>	<b>62</b>    }   8       6		1800i 1811 IBOI		
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4.	FEI Nu	imber 65-094	244	7 Ap	plied For t Applicable		
Zip	Country	Zip	Zip Coun		5.	Certific	cate of Status Desired		5.00 Add se Required			
	6. Name and Address of Current i	Registered Agent			7.	Name	and Address of New Re	gistered Ag	ent		]	
ODEEN N	NTOUR LE			Name								
GREEN, MITCHELL F KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN					Address (P.O. Box Number is Not Acceptable)							
	lywood blyd., Suite 485 sou Od Fl 33021	ТН	City	City FL Zir					 <del>)</del>	1		
8. The above named entity submits this statement for the purpose of changing its registered office or registere							r both, in the State of Flori		<u>L</u>		1	
CICNATURE												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require							D)	DATE			<b>.</b>	
فسيتعشب		FILE NO Make Check Pay				ate						
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-CITY-ST-ZIP-				-ST-ZIP		<u></u>	10/10/1 ********************************	30-010 3.00-1	#### <del>5</del>	Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.												
	- color	URE REQUI	RFI		٠		9-13-0	)				
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Desprise Phone #												