



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90056 037 \*\*\*\*50.00

<b>DOCUMENT # M00000002193</b> 1. Entity Name CBD DEVELOPMENT GROUP OF ZEPHYRHILLS, FLORIDA LLC					
Principal Place of Business 803 BIRCHFIELD DRIVE MOUNT LAUREL, NJ 08054 US			Mailing Address 803 BIRCHFIELD DRIVE MOUNT LAUREL, NJ 08054 US		
2. Principal Place of Business 901 Begonia Road Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Celebration, FL Zip 34747		City & State Zip		01132005 Chg-LLC CR2E083 (10/03) 4. FEI Number 22-3736986	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WARONKER, DAVID A 934 SPRING PARK LOOP CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. WARONKER, DAVID A 934 SPRING PARK LOOP CELEBRATION, FL 34747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <b>2/21/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					