


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90015 042 ****50.00

DOCUMENT # M00000002193	
1. Entity Name CBD DEVELOPMENT GROUP OF ZEPHYRHILLS, FLORIDA LLC	

20033943



Principal Place of Business 901 BEGONIA ROAD CELEBRATION, FL 34747 US	Mailing Address 803 BIRCHFIELD DRIVE MOUNT LAUREL, NJ 08054 US
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2. Principal Place of Business 721 Front Street Suite, Apt. #, etc. Suite 240 City & State Celebration, FL Zip 34747 Country USA	3. Mailing Address 721 Front Street Suite, Apt. #, etc. Suite 240 City & State Celebration, FL Zip 34747 Country USA
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01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3736986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WARONKER, DAVID A 934 SPRING PARK LOOP CELEBRATION, FL 34747	
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7. Name and Address of New Registered Agent Name Waronker, David Street Address (P.O. Box Number is Not Acceptable) 721 Front Street Suite 240 City Celebration FL Zip Code 34747	
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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.

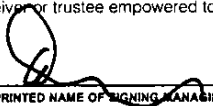
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 721 Front Street, Suite 240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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.

SIGNATURE:  **4/19/06 321.939.0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #