

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90011 003 \*\*\*\*\*50.00

**DOCUMENT # M00000002305**

1. Entity Name

**CBD DEVELOPMENT GROUP OF FORT MYERS, FLORIDA LLC**



Principal Place of Business

**1815 LONG BEACH BLVD.  
SHIP BOTTOM NJ 08008**

Mailing Address

**1815 LONG BEACH BLVD.  
SHIP BOTTOM NJ 08008**

2. Principal Place of Business

**215 Celebration Place**

3. Mailing Address

**803 Birchfield Drive**

Suite, Apt. #, etc.

**Suite 500**

Suite, Apt. #, etc.

City & State

**Celebration, FL**

**Mt. Laurel, NJ**

Zip

Country

**34747**

**USA**

Zip

Country

**08054**

**USA**

4. FEI Number

**22-3786637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6.-Name and Address of Current Registered Agent

**WARONKER, DAVID A  
934 SPRING PARK LOOP  
KISSIMMEE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/11/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CBD DEVELOPMENT, INCORPORATED**  
STREET ADDRESS **803 BIRCHFIELD DRIVE**  
CITY-ST-ZIP **MOUNT LAUREL NJ 08054**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/11/03**

CR2E083 (10/02)