

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001558

1. Entity Name
CBD DEVELOPMENT GROUP OF PUTNAM COUNTY, LLC



Principal Place of Business

215 CELEBRATION PLACE
STE 500
KISSIMMEE, FL 34747

Mailing Address

803 BIRCHFIELD DR.
MT. LAUREL, NJ 08054

DO NOT WRITE IN THIS SPACE



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
35-2166047

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
215 CELEBRATION PLACE, STE. 500
CELEBRATION, FL 34747

**DO NOT WRITE
IN THIS SPACE**

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

2/16/04

Filing Fee is \$50.00
Due by May 1, 2004

U000000090884
03/17/04-80037-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CBD DEVELOPMENT, INC.
803 BIRCHFIELD DR.
MT. LAUREL, NJ 08054

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/04