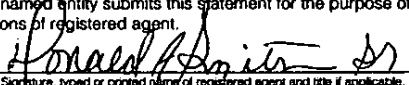
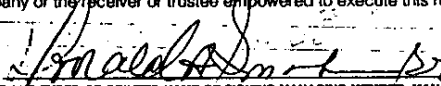


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90182 005 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                              |                                                                                                                                                                                                                         |                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M03000003796</b><br>1. Entity Name<br><b>CDE INVESTORS SERVICES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                              |                                                                                                                                                                                                                         |                                                                          |  |
| Principal Place of Business<br><b>828 S. MADISON DR.<br/>PENSACOLA, FL 32505</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                              | Mailing Address<br><b>828 S. MADISON DR.<br/>PENSACOLA, FL 32505</b>                                                                                                                                                    |                                                                                                                                                           |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |                                                                                                                                                                                                                         |                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           | City & State                                                 |                                                                                                                                                                                                                         |                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                   | Zip                                                          | Country                                                                                                                                                                                                                 | 4. FEI Number<br><b>51-0416596</b>                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                              |                                                                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>THOMAS, CHARLES W<br/>828 S. MADISON DR.<br/>PENSACOLA, FL 32505</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                              | 7. Name and Address of New Registered Agent<br>Name <b>DONALD A. SMITH SR</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6621 Chicago Ave</b><br>City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32526</b> |                                                                                                                                                           |  |
| 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.<br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                         |                                                                                                                           |                                                              |                                                                                                                                                                                                                         |                                                                                                                                                           |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                                                                                                         |                                                                                                                                                           |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                            |                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br><b>THOMAS, CHARLES W<br/>828 S. MADISON DR.<br/>PENSACOLA, FL 32505</b> <input checked="" type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | MGR<br><b>DONALD A. SMITH SR<br/>6621 Chicago Ave<br/>PENSACOLA FL 32526</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                              | Date <b>2-10-05</b> Daytime Phone # <b>850-723-0262</b>                                                                                                                                                                 |                                                                                                                                                           |  |