

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000878

1. Entity Name
CD 36, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 6: 29

Principal Place of Business
1400 EAST NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442

Mailing Address
1400 EAST NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442-7713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1350 E. Newport Center
Suite, Apt. #, etc.
Suite 206
City & State
Deerfield Beach, FL
Zip
33442
Country
USA

3. Mailing Address
PO BOX 4219
Suite, Apt. #, etc.
City & State
Deerfield Beach, FL
Zip
33442-4219
Country
USA

4. FEI Number
52-2190884
Applied For
Not Applicable

5. Certificate of Status Desired
X
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ
AKERMAN SENTERFITT & EIDSON, P.A.
777 SOUTH FLAGLER DR., SUITE 900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
9000032-FL 33442-7

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. *****55.00 *****55.00

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

BRK 15/1

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	REIBLING, LORENZ		STREET ADDRESS	1350 E. Newport Center Dr: Ste 206	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIBLING, GUENTHER		NAME	1350 E. Newport Center Dr. Ste 206	
STREET ADDRESS	1400 EAST NEWPORT CENTER DRIVE, SUITE 209		STREET ADDRESS	Deerfield Beach, FL 33442	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Linda G. Kassof 4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)