

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000878

1. Entity Name  
CD 36, LLC

Principal Place of Business  
1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
DEERFIELD BEACH FL 33442

Mailing Address  
P.O. BOX 4219  
DEERFIELD BEACH FL 33442-4219

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED  
01 MAY 11 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2190884 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME REIBLING, LORENZ  
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE MGR  
NAME KASSOF, LINDA  
STREET ADDRESS 1350 E NEWPORT CENTER DR, STE 206  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE MGR  
NAME REIBLING, GUENTHER  
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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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)(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 Kassof*

4/25-01 954-428-454

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

Date Daytime Phone #