

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90581 007 ****55.00

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

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

KAY, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)

KAY LAW OFFICES

11505 FAIRCHILD GARDENS AVE., SUITE 203

City

PALM BEACH GARDENS

FL

Zip Code

33410

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 KASSOF, LINDA
 1350 EAST NEWPORT CENTER DRIVE, SUITE 206
 DEERFIELD BEACH FL 33442 ☐ Delete

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

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☐ Change ☐ 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.

SIGNATURE:

Linda Kassof
 LINDA KASSOF

4-25-02 984-428-4588

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

Date

Daytime Phone #

CR2E083 (9/01)