

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000000878	
1. Entity Name CD 36, LLC	

Principal Place of Business 1350 EAST NEWPORT CENTER DR. SUITE 206 DEERFIELD BEACH, FL 33442	Mailing Address P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219
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04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2190884	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KAY, JAMES R ESQ KAY LAW OFFICES 700 VILLAGE SQUARE CROSSINGS STE 102B PALM BEACH GARDENS, FL 33410

**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)

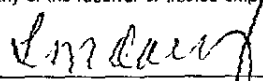
**Filing Fee is \$50.00
Due by May 1, 2006**

000000540923
05/10/06-80037-012 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, LORENZ 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, GUENTHER 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASSOF, LINDA 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **04/27/2006** **(954) 428-4585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #