2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 19, 2007 08:00 AM **Secretary of State DOCUMENT # P97000030633** 1. Entity Name CDL PROPERTIES, INC. Mailing Address Principal Place of Business 7545 W. UNIVERSITY AVE 7545 W. UNIVERSITY AVE SUITE A SUITE A GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 CR2E034 (11/05) 01042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3448071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, CARL L DO NOT WRITE 2731 N.W. 41ST STREET SUITE B-3 IN THIS SPACE GAINESVILLE, FL 32606 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. _ _ _ _ _ Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LOWNDES, CHARLES D NAME STREET ADDRESS 7545 W. UNIVERSITY AVE., STE. A CITY-ST-ZIP GAINESVILLE, FL 32607 U00000593330 01/22/07-80027-008_150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP элв NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #