


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000021648**

1. Entity Name  
**CC MANATEE DEVELOPMENT, LLC**



Principal Place of Business <b>500 SOUTH FLORIDA AVENUE          SUITE 700          LAKE LAND, FL 33801 US</b>	Mailing Address <b>500 SOUTH FLORIDA AVENUE          SUITE 700          LAKE LAND, FL 33801 US</b>
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01122006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0889363</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AIRTH, HAL A JR  
 500 SOUTH FLORIDA AVENUE  
 SUITE 800  
 LAKE LAND, FL 33801**

**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 except the obligations of registered agent.

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TA FAMILY PARTNERSHIP, LTD 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKE LAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPMAN, TOM R 14550 58TH STREET NORTH CLEARWATER, FL 33760
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**DO NOT WRITE 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: Tom R. Chapman 4/27/06 863-647-1581

SIGNATURE EMPLOYER OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #