

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90046 038 ***143.75

DOCUMENT # L04000021648

1. Entity Name
CC MANATEE DEVELOPMENT, LLC



Principal Place of Business Mailing Address

500 SOUTH FLORIDA AVENUE **500 SOUTH FLORIDA AVENUE**
SUITE 700 **SUITE 700**
LAKELAND, FL 33801 US **LAKELAND, FL 33801 US**

60030213



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-0889363 Not Applicable

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
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	TA FAMILY PARTNERSHIP, LTD	
STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CHAPMAN, TOM R	
STREET ADDRESS	14550 58TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHREIBER, MARK E	
STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Kim S Kelley Kim S Kelley 4/21/08 863.647.1581

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