2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000055041

1. Entity Name
CADY-WAY, L.L.C.

Principal Place of Business	Mailing Address
800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803 US	800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803 US

03152006No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0546013
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
28 WEST CENTRAL BLVD., SUITE 401
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

7. 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)

Filing Fee is $50.00
Due by May 1, 2006

000000496782
04/22/06-80027-002 50.00

8. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WILLIAMS, WARREN E MGR
STREET ADDRESS	28 WEST CENTRAL BLVD, SUITE 401
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	KROPP, STEVE MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	CARLTON, CHARLES MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	MCKINNEY, JOSEPH MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	LAWLER, TOM MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	TUTTLE, MILLS MGR
STREET ADDRESS	800 NORTH HIGHLAND AVENUE, SUITE 200
CITY-ST-ZIP	ORLANDO, FL 32803

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: _____ 3-20-06 407-292-7717
SIGNATURE AND TYPE OR PRINT NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #