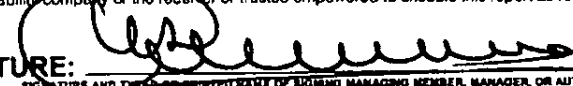


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-04-2006 90035 012 ****50.00

DOCUMENT # L05000014295 1. Entity Name CEDAR POINT AT ADAMS BRANCH MANAGER, LLC					
Principal Place of Business 6900 SOUTHPOINT DRIVE NORTH, STE. 250 JACKSONVILLE, FL 32216			Mailing Address 6900 SOUTHPOINT DRIVE NORTH, STE. 250 JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2316382				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANKERS, GUS 6900 SOUTHPOINT DRIVE NORTH, STE. 250 JACKSONVILLE, FL 32216			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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORO INVESTMENTS, LLC 8221 OLD COURTHOUSE ROAD, STE. 204 VIENNA, VA 22182	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: 		MANAGER 04/28/06 (203) 506-1006			

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