2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044345

Entity Name: CDC TOWN CENTRE, LLC

350 ESSJAY ROAD #101

WILLIAMSVILLE, NY 14221

Address:

City-St-Zip:

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 350 ESSJAY ROAD C/O CIMINELLI DEVELOPMENT COMPANY WILLIAMSVILLE, NY 14221 **New Mailing Address: Current Mailing Address:** 350 ESSJAY ROAD C/O CIMINELLI DEVELOPMENT COMPANY WILLIAMSVILLE, NY 14221 FEI Number: 65-1278676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAILIN, LAWRENCE J 401 EAST JACKSON STREET, SUITE 2200 TAMPA, FL 33602 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SWEARINGEN, JAMES H Name: Name: 10024 TATE LANE Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MCGEACHY, THOMAS Name: Address: 3004 W. HARBORVIEW AVE Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: MGR () Delete Title: () Change () Addition STARK, WILLIAM B JR Name: Name: Address: 350 ESSJAY ROAD #101 Address: City-St-Zip: WILLIAMSVILLE, NY 14221 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CIMINELLI, JOHN A Name: Address: 350 ESSJAY ROAD #101 Address: City-St-Zip: WILLIAMSVILLE, NY 14221 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GOTTSTINE, JAMES Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: JAMES HUNTER SWEARINGEN MGR 04/21/2009