

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90032 020 \*\*\*\*50.00

**DOCUMENT # L99000005051**

1. Entity Name  
**CARDINAL MANAGEMENT LLC**



Principal Place of Business  
**5051 PELICAN COLONY BLVD. 304  
BONITA SPRINGS, FL 34134 US**

Mailing Address  
**5051 PELICAN COLONY BLVD. 304  
BONITA SPRINGS, FL 34134 US**

**20042695**



2. Principal Place of Business

**2665 S. Bayshore Dr  
Suite, Apt. #, etc.  
601**

3. Mailing Address

**2665 S. Bayshore Dr  
Suite, Apt. #, etc.  
601**

03272006 Chg-LLC CR2E083 (11/05)

City & State

**Coconut Grove, FL**

City & State

**Coconut Grove, FL**

4. FEI Number  
**65-0940722**

Applied For  
Not Applicable

Zip  
**33133**

Country  
**USA**

Zip  
**33133**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**RAZOOK, RICHARD J  
HUNTON & WILLIAMS  
1111 BRICKELL AVENUE SUITE 2500  
MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **RAZOOK, RICHARD J**  
STREET ADDRESS **1111 BRICKELL AVE STE 2500**  
CITY - ST - ZIP **MIAMI, FL 33131**

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Delete  
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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:**

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

Date

Daytime Phone #

**4/10/06**

**305-285-5588**