

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90359 032 \*\*\*\*50.00

**DOCUMENT # M01000002183**

1. Entity Name  
**CT MANAGEMENT, LLC**



Principal Place of Business  
**4700 CORRIDOR PLACE, SUITE A  
BELTSVILLE, MD 20705**

Mailing Address  
**4700 CORRIDOR PLACE, SUITE A  
BELTSVILLE, MD 20705**

**40074969**



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

03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**52-2333399**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TINI, CHARLES A  
28000 BOCCACIO WAY  
BONITA SPRINGS, FL 34135**

Name **TINI, CHARLES A**

Street Address (P.O. Box Number is Not Acceptable)  
**160 CREPE MYRTLE DR**

City **GROVELAND**

FL

Zip Code **34736**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
NAME TINI, CHARLES ☐ Delete  
STREET ADDRESS 4700 CORRIDOR PLACE, SUITE A  
CITY-ST-ZIP BELTSVILLE, MD 20705

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

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

**3-28-2007**

Date

**301.555.5191**

Daytime Phone #