

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2333399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TINI, CHARLES A  
160 CREPE MYRTLE DR  
GROVELAND, FL 34736

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TINI, CHARLES 4700 CORRIDOR PLACE, SUITE A BELTSVILLE, MD 20705
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U00000955398  
07/17/08-80003-022 138.75

**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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/8/2008

301.595.5191

Date

Daytime Phone #