


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90010 030 ****50.00

20032295

DOCUMENT # M02000003517 1. Entity Name CDC AZALEA GP, L.L.C.			
Principal Place of Business 50 HURT PLAZA STE. 300 ATLANTA, GA 30303		Mailing Address P.O. BOX 44187 MC 243 ATLANTA, GA 30302	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2700 WYCLIFF RD. Suite, Apt. #, etc. SUITE 312	
City & State		City & State RALEIGH NC	
Zip	Country	Zip 27607	Country N/A
6. Name and Address of Current Registered Agent TRANSM DEVELOPMENT, INC. 8226 NORTH WICKHAM ROAD, STE. 200 MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
4. FEI Number 65-0882803			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 re-registering)			
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 CDC MANAGER, INC. 50 HURT PLAZA STE. 300 ATLANTA, GA 30308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CDC MANAGER, INC. 2700 WYCLIFF RD, SUITE 312 RALEIGH, NC 27607
	Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
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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.			
BY: ALETA J. HODGES, V.P. of CDC MANAGER, INC.			
SIGNATURE: <i>Aleta J. Hodges</i>		Date: 4-4-06 Daytime Phone: 919-510-9660	