LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

M02000003517 **DOCUMENT#**

1. Entity Name

CDC AZALEA GP, L.L.C.



04-29-2003 90029 045 ****50.00

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2. Principal Place of Business Mailing Address 4418 Suite, Apt. #, etc. Suite, Apt. #, etc. Ste 300 City & State, AHANTA

2003556

DO NOT WRITE IN THIS SPACE Applied For Not Applicable 303<u>02</u> Country Country \$5.00 Additional 3*5*303 5. Certificate of Status Desired USA Fee Required

> DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent							
Name Rev	reé	SAU	del				
Street Address (P.O.	Box Number is Wes -t	Not Accep	us Bio	d	_		
Ste 408	3_						
City Melbou	rne		FI		Zip Code 32 901		

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.									
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1									
9.	MANAGING MEMBERS/MANAGERS .								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CDC MANAGER INC. 50 HURT PLATA STC 300 Atlanta, GA 30303	TITLE NAME STREET ADDRESS CITY_ST-ZIP							
TITLE NAME STREET ADDRESS CHY-ST-ZIP	,	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS - CITY-ST-ZIP	DO_NOT_WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	TITLE NAME STREET ADDRESS OTTY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.