


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90051 018 ****50.00

DOCUMENT # M02000003518	
1. Entity Name CDC CROSSINGS GP, L.L.C.	

Principal Place of Business 50 HURT PLAZA STE. 300 ATLANTA, GA 30308	Mailing Address P.O. BOX 4418 MC 243 ATLANTA, GA 30302
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2. Principal Place of Business	3. Mailing Address 2700 WYCLIFF RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 312
City & State	City & State RALEIGH, NC
Zip	Zip 27607
Country	Country WAKE



04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0884455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TRANSOM 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 FL Zip Code
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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 reactivating) DATE _____

**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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CDC MANAGER, INC. 2700 WYCLIFF ROAD, SUITE 312 RALEIGH, NC 27607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Aleta J. Hodges

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

4-4-06 919-510-9660

Date Daytime Phone #