

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90044 046 \*\*\*\*50.00

**DOCUMENT # M03000000640**

1. Entity Name  
2002 CDC MANAGER, L.L.C.



Principal Place of Business  
25 PARK PLACE  
18TH FLOOR  
ATLANTA, GA 30303

Mailing Address  
C/O TRANSON DEVELOPMENT-8226 N. WICKHAM RD  
SUITE 200  
MELBOURNE, FL 32940



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
2700 WYCLIFF ROAD  
SUITE 312

04052006 Chg-LLC CR2E083 (11/05)

City & State  
RALEIGH, NC

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
27607

Country  
USA

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

6. Name and Address of Current Registered Agent  
TRANSON DEVELOPMENT, INC.  
8226 NORTH WICKHAM ROAD  
SUITE 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

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, 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 25 PARK PLACE, 18TH FLOOR ATLANTA, GA 30303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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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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., CDC MANAGER, INC.

SIGNATURE: Aleta J. Hodges

4-5-06 919-510-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #