

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90044 047 ****50.00

DOCUMENT # M03000000642

1. Entity Name
2003 CDC MANAGER, L.L.C.



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

Mailing Address
C/O TRANSDOM DEV - 8226 N. WICKHAM ROAD
SUITE 200
MELBOURNE, FL 32940

20030954



2. Principal Place of Business

3. Mailing Address

2700 WYCLIFF ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 312

04052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

RALEIGH, NC

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

27607

WAKE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANSDOM DEVELOPMENT, INC.
8226 NORTH WICKHAM ROAD
SUITE 200
MELBOURNE, FL 32940

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2700 WYCLIFF ROAD, SUITE 312
RALEIGH, NC 27607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ 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: ALBERTA J. HODGES, V.P., CDC MANAGER, INC.

SIGNATURE:

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

Date

Daytime Phone #

4-5-06 919-510-9660