

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90044 049 \*\*\*\*50.00

**DOCUMENT # M03000000648**

1. Entity Name  
98-02 CDC MANAGER, L.L.C.



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

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



04052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2700 WYCLIFF ROAD

Suite, Apt. #, etc.

SUITE 312

City & State

City & State

RALEIGH, NC

Zip

Country

Zip

Country

27607

WAKE

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

TRANSON 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

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☐ 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: 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 #