


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

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

3. Mailing Address
 2700 WYCLIFF ROAD
 SUITE 312

City & State
 RALEIGH, NC

City & State
 RALEIGH, NC

Zip
 27607

Country
 WAKE



04052006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
 TRANSON DEVELOPMENT, INC.
 8226 NORTH WICKHAM ROAD
 SUITE 200
 MELBOURNE, FL 32940

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2700 WYCLIFF ROAD, SUITE 312 RALEIGH, NC 27607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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., 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 #