## **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## **FILED** May 18, 2006 8:00 am Secretary of State

05-18-2006 90042 032 \*\*\*\*55.00

DOCUMENT # M0300002028	
1 Entity Name	ΙA

CDATR MANAGEMENT, LLC Principal Place of Business Mailing Address 20045851 401 COMMERCIAL COURT, SUITE A **401 COMMERCIAL COURT, SUITE A** VENICE, FL 34296 VENICE, FL 34296 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant. # etc. 05162006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 42-1593767 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS H. TAYLOR, JR Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 401 COMMERCIAL COURT, SUITE A 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. 1 am familiar with, and accept the obligations of registered agent SIGNATURE Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE ☐ Addition Detete AYZOR, THOMAS H. JR. TAYLOR, THOMAS H JR. NAME NAME STREET ADDRESS 401 COMMERCIAL COURT, SUITE A STREET ADDRESS CITY-ST-ZIP VENICE, FL 34298-2\_ CITY-ST-ZIP ENICE FL 34292 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGH