2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002028

1. Entity Name
CDATR MANAGEMENT, LLC

Principal Place of Business	Mailing Address
401 COMMERCIAL COURT, SUITE A VENICE, FL 34292	401 COMMERCIAL COURT, SUITE A VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

03202007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
42-1593767	Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, THOMAS H JR
401 COMMERCIAL CT
SUITE A
VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

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, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	TAYLOR, THOMAS H JR.	
STREET ADDRESS	401 COMMERCIAL COURT, SUITE A	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I000000677485
03/30/07-80107-004 55.00

DO NOT WRITE IN THIS SPACE

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: _Thomas H. Taylor, Jr_   3/20/07   (941)493-8549

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