
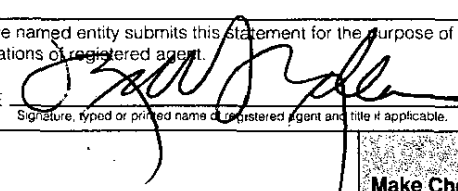
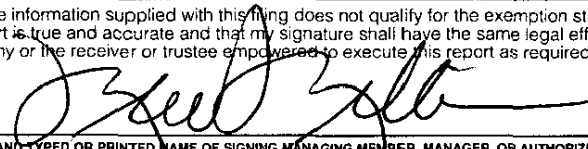


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90226 028 ****50.00

DOCUMENT # M03000002029					
1. Entity Name CDAWC MANAGEMENT, LLC					
Principal Place of Business 401 COMMERCIAL COURT, SUITE A VENICE FL 34292			Mailing Address 401 COMMERCIAL COURT, SUITE A VENICE FL 34292		
2. Principal Place of Business		3. Mailing Address 333 S. Tamiami Trl.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 101			
City & State		City & State Venice, FL			
Zip	Country	Zip	Country	4. FEI Number 42-1593766	
34285		USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			7. Name and Address of New Registered Agent Name Michael W. Miller Street Address (P.O. Box Number is Not Acceptable) 333 S. Tamiami Trl. Ste. 101 City Venice FL Zip Code 34285		
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  Michael W. Miller, Managing Member March 4, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MICHAEL W 401 COMMERCIAL COURT, SUITE A VENICE FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Miller, Michael W. 333 S. Tamiami Trl, Ste. 101 Venice, FL 34285	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			03/04/04 (941) 441-1445		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		