

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90336 008 \*\*\*\*50.00

<b>DOCUMENT # M03000002029</b>					
<b>1. Entity Name</b> CDAWC MANAGEMENT, LLC					
<b>Principal Place of Business</b> 401 COMMERCIAL COURT, SUITE A VENICE, FL 34292			<b>Mailing Address</b> 333 S. TAMiami TrL STE 101 VENICE, FL 34285		
<b>2. Principal Place of Business - No P.O. Box #</b> 333 S. Tamiami Trail			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. Suite 101			Suite, Apt. #, etc.		
City & State Venice, FL			City & State		
Zip 34285		Country		Zip Country	
<b>6. Name and Address of Current Registered Agent</b>  MILLER, MICHAEL W 333 S. TAMiami TrL STE 101 VENICE, FL 34285				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, MICHAEL W 333 S. TAMiami TrL STE 101 VENICE, FL 34285			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date _____ Daytime Phone # _____	