

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 02, 2008 8:00 am
Secretary of State

05-02-2008 90022 040 ***138.75

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04302008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M03000002029 1. Entity Name CDAWC MANAGEMENT, LLC					
Principal Place of Business 333 S TAMIAI TRAIL STE 101 VENICE, FL 34285			Mailing Address 333 S. TAMIAI TRL STE 101 VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # 333 South Tamiami Trail <small>Suite, Apt. #, etc.</small> Suite 203 <small>City & State</small> Venice, FL <small>Zip</small> 34285		3. Mailing Address 333 South Tamiami Trail <small>Suite, Apt. #, etc.</small> Suite 203 <small>City & State</small> Venice, FL <small>Zip</small> 34285			
<small>Country</small> US		<small>Country</small> US		4. FEI Number 42-1593766	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 S. TAMIAI TRL STE 101 VENICE, FL 34285			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> 333 South Tamiami Trail, Suite 203 <small>City</small> Venice <small>FL</small> <small>Zip Code</small> 34285		
8. The above named entity admits 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 DATE 5/1/08 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM MILLER, MICHAEL W 333 S. TAMIAI TRL STE 101 VENICE, FL 34285	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<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 606, Florida Statutes.					
SIGNATURE: 5/1/08 9414441651 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>					