M04000000737

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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July 13, 2005

Florida Department of State Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE:

2004 CDC Manager, LLC Doc #M04000000737

Please be advised that the mailing address of the above referenced Limited Liability Company has changed.

I have also enclosed a Statement of Change of Registered Agent, as well as our check in the amount of \$25.00 to cover the filing fee.

Please don't hesitate to call me at 321-242-9917 if you have any questions or need additional information.

Sincerely,

Renée Sandell

SECRETARY - CTAIR TALLAHASSEL FIORING

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' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	l liability company	is: 2004 CD	C MANAGER, I	L.L.C.			
2. The mailing address of					ient, Ind	c.	
8226 North Wickham R							
02/24/2004			M040000007	'37			
3. Date of filing/registration	on in Florida	• • •	4. Document m	umber			
5. The name of the register Florida Department of S		pment Assoc		ı on the re	ecords o	of the	!
	1103 W. Hibiscu	Name is Blvd., Suite	408				
	Melbourne, FL 3	Address	_·	_			
6. The name and address o	f the new registered	d agent and/or	office:				
	Transom Develo	pment, Inc.					
-	8226 North Wick	Name kham Road, S	Suite 200	_			
-	Florida street add	ress (P.O. Box	NOT acceptable)			
	Melbourne	FL 3294	10				
•	City	y, State and Zij)	_			
If the limited liability components of the chand the business office of the liability company, it is here the members of the limited the operating agreement of	ange or changes are the registered agent eby confirmed that I liability company	e made, the Flo t will be idention the change(s) or as otherwise	orida street addres cal. Or, in the cas was/were authoriz	s of the rate of a Flo red by an	egistere orida lin allirma	ed off nffed utive v	vote of
(Signature of a member or authoriz	red representative of a me	ember)	•		The state of	P	, 2
Michael D. Hurst					STA.		
(Printed or typed name of signee)			· ·		Dm 6	y,	•
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the state of the state of Registered Agent)	accept the obtigat its document is bei that the limited liab M&UT, /vc	d agent and ag ative to the pro- tions of my pos ng filed to mer bility company	ree to act in this oper and complete ilion as registered ely reflect a chan has been notified	capacity. performa I agent a ge in the in writin	I furth ince of i s provid register g of this	er ag my di led fo red oj s cha	ree to uties, or in Jice nge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)