

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90051 019 ****50.00

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04052006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M0400000737			
1. Entity Name 2004 CDC MANAGER, L.L.C.			
Principal Place of Business 50 HURT PLAZA, SUITE 300 ATLANTA, GA 30303		Mailing Address 50 HURT PLAZA, SUITE 300 ATLANTA, GA 30303	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		2700 WYCLIFF ROAD	
City & State		Suite, Apt. #, etc. SUITE 312	
City & State		City & State RALEIGH, NC	
Zip	Country	Zip	Country
		27607	NAKE
4. FEI Number 16-1684875		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required \$5.00			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRANSOM DEVELOPMENT, INC. 8226 NORTH WICKHAM ROAD, STE. 200 MELBOURNE, FL 32940		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 re-registering) DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REGENCY DEVELOPMENT ASSOCIATES <input checked="" type="checkbox"/> Delete 1103 W. HIBISCUS BLVD., SUITE 408 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CDC MANAGER, INC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2700 WYCLIFF ROAD, SUITE 312 RALEIGH, NC 27607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 608, Florida Statutes.			
BY: ALETA JI HODGES, V.P., CDC MANAGER, INC.			
SIGNATURE: <i>Aleta J Hodges</i>		4-5-06 919-510-9660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	