**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 14, 2013**
**Secretary of State**
**CC8248050597**

DOCUMENT# L09000072255

**Entity Name:** CTA CDE SUB 4, LLC

**Current Principal Place of Business:**

315 FAIRPOINT DRIVE
GULF BREEZE, FL 32561

**Current Mailing Address:**

315 FAIRPOINT DRIVE
GULF BREEZE, FL 32561

**FEI Number: 61-1602855**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GRAY, EDWARD MIII
315 FAIRPOINT DRIVE
GULF BREEZE, FL 32561 US

*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.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | CAPITAL TRUST AGENCY CDE, LLC |
| Address | 315 FAIRPOINT DR |
| City-State-Zip: | GULF BREEZE FL 32561 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ED GRAY III DIRECTOR 02/14/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date