

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000007440



1. Entity Name
CCS DEVELOPERS LLC

Principal Place of Business
654 SW 168 WAY
PEMBROKE PINES, FL 33027 US

Mailing Address
654 SW 168 WAY
PEMBROKE PINES, FL 33027 US



03242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2211769 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYDON, JOSEPH M
654 SW 168 WAY
PEMBROKE PINES, FL 33027

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRYDON, JOSEPH M
STREET ADDRESS	654 SW 168 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	MGRM
NAME	BRYDON, JULIANA
STREET ADDRESS	654 SW 168 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	MGRM
NAME	MADRINAN, CARLOS A
STREET ADDRESS	1278 CANARY ISLAND DRIVE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGRM
NAME	VALLECILLA, SARA M
STREET ADDRESS	1278 CANARY ISLAND DRIVE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/05/07-80035-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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 included 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/07

705-421-4759

Date

Daytime Phone #