2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000079191

Entity Name: 9726 CCC, L.L.C.

Current Principal Place of Business:

C/O GARY F. WALLACE
13450 CORAL DRIVE SW
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

C/O GARY F WALLACE
13450 CORAL DRIVE SW
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-3289314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, GARY F
13450 CORAL DRIVE SW
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MBR ( ) Delete
Name: WALLACE, GARY F
Address: 13450 CORAL DRIVE SW
City-St-Zip: FORT MYERS, FL 33908

Title: MGMB ( ) Delete
Name: MUFALLI, JAMES T
Address: 18443 DEEP PASSAGE LANE
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES:

Title: MGMB (X) Change ( ) Addition
Name: WALLACE, GARY F
Address: 13450 CORAL DRIVE SW
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: GARY F WALLACE MGMB 04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date