


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002975
 1. Entity Name
CCMS DEVELOPMENT, L.L.C.



| | |
|---|---|
| Principal Place of Business 6704 LONE OAK BLVD. NAPLES, FL 34109 US | Mailing Address 6704 LONE OAK BLVD. NAPLES, FL 34109 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02152007No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3574501 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

STERLING, JACK
 6704 LONE OAK BLVD
 NAPLES, FL 34109

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLAUSSEN, ROBERT G 6704 LONE OAK BLVD. NAPLES, FL 34109 |
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 03/06/07-80034-006 50.00

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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.

SIGNATURE: *[Signature]* **2/19/07** **239 596 9067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #