2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90198 026 ****50.00

DOCUMENT # M02000001523

1. Entity Name
CCM INVESTMENTS, LLC

Principal Place of Business	Mailing Address
C/O ANDREW NUSSBAUM, WACHTELL, ET AL 51 WEST 52ND STREET NEW YORK NY 10019	C/O ANDREW NUSSBAUM, WACHTELL, ET AL 51 WEST 52ND STREET NEW YORK NY 10019

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
501 BRICKELL KEY DRIVE	501 BRICKELL KEY DRIVE
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number 13-4185331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOODY, BENJAMIN S.A. 1680 MICHIGAN AVE., STE. 700 MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CISNEROS, CARLOS ENRIQUE 1680 MICHIGAN AVE., STE. 700 MIAMI BEACH FL 33139	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BSA Moody BENJAMIN S. A. MOODY 5/1/04 305-577-9799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #