

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002979

Entity Name: C.C.C. OF FLORIDA, L.L.C.

FILED
Jun 15, 2005
Secretary of State

Current Principal Place of Business:

104 PECANIERE PLACE
MANDEVILLE, LA 70471

New Principal Place of Business:

115 MABEL DRIVE
MADISONVILLE, LA 70447

Current Mailing Address:

104 PECANIERE PLACE
MANDEVILLE, LA 70471

New Mailing Address:

115 MABEL DRIVE
MADISONVILLE, LA 70447

FEI Number: 75-3075189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOOKMAN, ALAN B ESQ.
30 SOUTH SPRING
PENSACOLA, FL 32596 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: MGR () Delete
Name: SCALLAN, JOHN J
Address: 711 KIMBERLY ANN CIRCLE
City-St-Zip: MANDEVILLE, LA 70471

Title: MGR () Delete
Name: ANDERSON, CHRISTOPHER W
Address: 104 PECANIERE PLACE
City-St-Zip: MANDEVILLE, LA 70471

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ANDERSON, CHRISTOPHER W
Address: 115 MABEL DRIVE
City-St-Zip: MADISONVILLE, LA 70447

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS ANDERSON

MR

06/15/2005

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