

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002979

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

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

115 MABEL DRIVE  
MADISONVILLE, LA 70447

**New Principal Place of Business:**

464 PENCARROW CIRCLE  
MADISONVILLE, LA 70447

**Current Mailing Address:**

115 MABEL DRIVE  
MADISONVILLE, LA 70447

**New Mailing Address:**

464 PENCARROW CIRCLE  
MADISONVILLE, LA 70447

FEI Number: 75-3075189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: 115 MABEL DRIVE  
City-St-Zip: MADISONVILLE, LA 70447

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: ANDERSON, CHRISTOPHER W  
Address: 464 PENCARROW CIRCLE  
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 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: CHRIS ANDERSON

MGR

01/04/2007

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