2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# L03000022867

Entity Name: CCN, LLC

Current Principal Place of Business:

1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFIELD, P. COLLEEN
1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459 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/MEMBERS:

Title: MGR ( ) Delete
Name: NICHOLAS, LANCE G
Address: 250 CLAREON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGR ( ) Delete
Name: CABE AND CATO,
Address: 276 VILLAGE PARKWAY
City-St-Zip: MARIETTA, GA 30067

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NICHOLAS, LANCE G
Address: 250 CLAREON DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM (X) Change ( ) Addition
Name: CABE AND CATO,
Address: 276 VILLAGE PARKWAY
City-St-Zip: MARIETTA, GA 30067

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: LANCE G. NICHOLAS MGRM 04/12/2004

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