


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90118 005 ****50.00

DOCUMENT # L03000022867					
1. Entity Name CCN, LLC					
Principal Place of Business 40 CLAREN DR PANAMA CITY BEACH, FL 32413			Mailing Address 40 CLAREN DR PANAMA CITY BEACH, FL 32413		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0471866	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COFFIELD, P. COLLEEN 1719 S. COUNTY HWY 393 SANTA ROSA BEACH, FL 32459				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLAS, LANCE G 40 CLAREN DR PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABE AND CATO 276 VILLAGE PARKWAY MARIETTA, GA 30067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Lance Nicholas</i> <i>5/1/06</i> <i>8502583558</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

ATTACHMENT

20046516
#LO 3000022867

CARR, RIGGS INGRAM, LLC
4460 LEGENDARY DRIVE, SUITE 100
DESTIN, FLORIDA 32541
850-837-3141

FILING INSTRUCTIONS

**2006 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

Name: CCN, LLC

Date Due: May 1, 2006

Remittance: \$50.00 is to be filed with the form and the check should be made payable to the Florida Department of State.

Mail to: Limited Liability Company
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Signature: This return should be reviewed for accuracy with any corrections or changes made in the space provided. The form should be signed and dated on page 1 by the managing member, manager, or authorized representative of the organization.

Other: Changes must be typed or printed in ink and legible.