

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000419

Entity Name: CCRD, LLLP

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5305 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

5305 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

5305 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

5305 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652 US

FEI Number: 20-4558101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWAN, CAREY T M.D.  
5305 GRAND BOULEVARD  
NEW PORT RICHEY, FL 34652 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

**GENERAL PARTNER INFORMATION:**

Document #: L06000030187  
Name: CCRD HOLDINGS, LLC  
Address: 5305 GRAND BOULEVARD  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CAREY T. ROWAN

P

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date