

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # A95000001174

1. Entity Name
C C 1 LIMITED PARTNERSHIP



Principal Place of Business
3201 NW 72ND AVE.
MIAMI, FL 33122

Mailing Address
3201 NW 72ND AVE.
MIAMI, FL 33122



01172007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0602510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO MOREINO & BROCAIN
2 ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P95000060098
NAME C C 1, INC.
STREET ADDRESS 3201 NW 72ND AVE.
CITY-ST-ZIP MIAMI, FL 33122

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U00000620505
04/04/07-80001-010 500.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Manuel Kadre for C C 1, INC. MANUEL KADRE 3/13/2007 (305) 599-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE OF FLORIDA