

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000001174

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** C C 1 LIMITED PARTNERSHIP

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
SUITE 304  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
SUITE 304  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0602510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURAI, WALD, BIONDO MOREINO & BROCAIN  
1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

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

MURAI, WALD, BIONDO MOREINO, PA  
1200 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

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: CRISTINA MORENO, VP

03/03/2011

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P95000060098  
Name: C C 1, INC.  
Address: 220 ALHAMBRA CIRCLE, SUITE 304  
City-St-Zip: CORAL GABLES, FL, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: CARLOS M. DE LA CRUZ, SR.

MGRM

03/03/2011

Electronic Signature of Signing General Partner

Date