2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# L00000000770

Entity Name: C.C. ASSOCIATES, LLC

Current Principal Place of Business:

911 CHESTNUT STREET
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

911 CHESTNUT STREET
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3669062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOKOR, BRUCE H MGRM
911 CHESTNUT STREET
CLEARWATER, FL 33756 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:	MGRM	( ) Delete
Name:	MELKER, DANIEL J MGRM	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:	MGRM	( ) Delete
Name:	STRUPP, WILLIAM, JR. C MGRM	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:	MGRM	( ) Delete
Name:	BURNSIDE, ROBERT J MGRM	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:	MGRM	( ) Delete
Name:	JOHNSON, RICHARD C MGRM	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:	MGRM	( ) Delete
Name:	TIMOTHY A., JR. AND, CLAIRE JOHNSON , TBTE	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:	MGRM	( ) Delete
Name:	BOKOR, BRUCE H MGRM	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	HAWKINS, BETTY K MGRM	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: BRUCE H. BOKOR MGRM 03/30/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date