
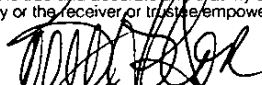


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90039 047 \*\*\*\*50.00

<b>DOCUMENT # L00000000770</b> 1. Entity Name <b>C.C. ASSOCIATES, LLC</b>					
Principal Place of Business <b>911 CHESTNUT STREET CLEARWATER, FL 33756 US</b>			Mailing Address <b>911 CHESTNUT STREET CLEARWATER, FL 33756 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3669062</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BOKOR, BRUCE H MGRM 911 CHESTNUT STREET CLEARWATER, FL 33756</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>Bruce H. Bokor, MGRM</u> <span style="float: right;">1/6/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MELKER, DANIEL J MGRM 911 CHESTNUT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM R. Kelley Johnson 911 Chestnut Street Clearwater, FL 33756</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STRUPP, WILLIAM, JR. C MGRM 911 CHESTNUT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JBP Profit Sharing Plan and Trust 911 Chestnut Street Clearwater, FL 33756</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BURNSIDE, ROBERT J MGRM 911 CHESTNUT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HAWKINS, BETTY K MGRM 911 CHESTNUT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TIMOTHY A., JR. AND CLAIRE JOHNSON, TBTE 911 CHESTNUT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BOKOR, BRUCE H MGRM 911 CHESTNUT STREET CLEARWATER, FL 33756</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>Bruce H. Bokor, MGRM</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date <b>1/6/05</b> <span style="float: right;">727-461-1818</span> <small>Daytime Phone #</small>	