

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000770

Entity Name: C.C. ASSOCIATES, LLC

FILED
Feb 11, 2008
Secretary of State

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
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/MANAGERS:

Title: MGRM () Delete
Name: MELKER, DANIEL J
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: STRUPP, WILLIAM, JR. C
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: BURNSIDE, ROBERT J
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: HAWKINS, BETTY K
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
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
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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 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 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

02/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date