2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
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:

P.O. BOX 1368
CLEARWATER, FL 337571368 US

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 01/07/2009

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