## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000010195  1. Entity Name C C 441 ASSOCIATES, L.L.C.					FILED  OIFEB 15 PM 4: 53			
6650 N. FEDERAL HIGHWAY 66		Mailing Address 6650 N. FEDERAL HIGHY BOCA RATON FL 33487	6650 N. FEDERAL HIGHWAY		OI FEB 15 FR 4000 SECRETARY OF STATE TAYLAHASSEE: FLORIDA			
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address				<b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State C		City & State	City & State		Number 5-10360a	1 Ap	oplied For ot Applicable	
Zip	Country	Zip	Country		ficate of Status Desired	\$5.00 44	ditional	
	6. Name and Address of Current I	Registered Agent	1	7 Nam	e and Address of New Regist		-	
Name				2. 14311	ramo ana naurosa or tran registeral Again			
KENNEDY, BEN S JR, ESQ 399 W. PALMETTO PARK RD., #106				Street Address (P.O. Box Number is Not Acceptable)				
BOCA RA	ATON FL 33432							
i			City		•	FL   Zip Code	Э	
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signs	ature required when reinstat	ing)	DATE		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of					6000037 -02/19/0 *****50	101007	1 021 50.00	
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHA	NGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTOIR Myron Baker W50 D. Fed. Hwy BOCKROHON II 3348	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTILL BUJERNI WOOD. 7 BOOL-RO		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTOEN Rabert Dagin LUSD D. Lederal HW/ BOCC RCtun F1 3344	∑ ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTIEL FRIEDMAN LUSO N. SEDENCILL BOCCACHO, F. 3348	<sub>~</sub> O	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTOEN BETT BALEN WISD W. FEDERDHU BOODHLITM FI-3341	$\mathcal{L}$	TITLE NAME STREET ADDRESS CITY_ST-ZIP		/	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARHDEL WILLIAM HICCO WISTO N. FILLENCO HAR BOCCACHUM FI 334	•	TITLE NAME STREET ADDRESS CITY-ST-ZIP		W	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTIEL DAVID LICKER 16450 D. YELLED LE BOOGRCTM, FI		TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	☐ Change	Addition	
indicated	certify that the information supplied with on this report is true and accordate and I sbillty company or the reserver of trustee	hatemy signature shall have t	he same legal effe	ect as if made under	roath, that I am a managing m	er certify that the in nember or manager	formation r of the	

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