2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# L01000016615

Entity Name: CCS, LLC

Current Principal Place of Business:

333 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

401 EAST LAS OLAS BLVD.
SUITE 1100
FORT LAUDERDALE, FL 33301

Current Mailing Address:

P.O. BOX 24080
FORT LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 71-0874236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUNDY, INC.
333 EAST LAS OLAS BLVD.
ATTN: MICHELE MOSER
FORT LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

CUNDY, INC.
333 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

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: _____ 04/23/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CUNDY, THOMAS C
Address: 333 EAST LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CUNDY, INC.,
Address: 333 EAST LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Change (X) Addition
Name: CHAPMAN, SCHEWE FLOR, IDA - LLC
Address: 401 EAST LAS OLAS BLVD., STE. 1120
City-St-Zip: FT. LAUDERDALE, FL 33301

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: THOMAS C. CUNDY MGRM 04/23/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date