

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90314 003 \*\*\*\*50.00

**DOCUMENT # L01000018637**



1. Entity Name  
**CARMEL DEVELOPMENT LLC**

Principal Place of Business  
**3740 CURTIS BOULEVARD  
#108  
PORT ST JOHN, FL 32927 US**

Mailing Address  
**3740 CURTIS BOULEVARD  
#108  
PORT ST JOHN, FL 32927 US**

2. Principal Place of Business - No P.O. Box #  
**3860 Curtis Blvd**  
Suite, Apt. #, etc.  
**#636**

3. Mailing Address  
**3860 Curtis Blvd**  
Suite, Apt. #, etc.  
**#636**

04202007 Chg-LLC CR2E083 (12/06)



City & State  
**PORT ST JOHN, FL**  
Zip  
**32927** Country  
**USA**

City & State  
**PORT ST JOHN, FL**  
Zip  
**32927** Country  
**USA**

4. FEI Number  
**59-3755278** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CCG HOLDINGS, INC  
3740 CURTIS BOULEVARD  
108  
PORT ST. JOHN, FL 32927**

**7. Name and Address of New Registered Agent**

Name  
**CCG Holdings, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3860 Curtis Blvd**  
City  
**PORT ST JOHN** FL Zip Code  
**32927**

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 *[Signature]* **President CCG Holdings, Inc.** **4/26/2007**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUSEM, MELVYN R 3740 CURTIS BOULEVARD, SUITE 108 PORT ST JOHN, FL 32927 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C.C.G. HOLDINGS, INC 3740 CURTIS BOULEVARD, SUITE 108 PORT ST JOHN, FL 32927 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4265 Quechua Road PORT ST JOHN, FL 32927</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *[Signature]* **President CCG Holdings, Inc.** **4/26/07** **321-433-0274**  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #