


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90174 035 ****50.00

| | | |
|---|--|---|
| DOCUMENT # L02000013235 | |  |
| 1. Entity Name CCN GREEN FOREST, LLC | | |

| | |
|--|--|
| Principal Place of Business 1899 VISTA ROYALE BLVD ORLANDO, FL 32835 | Mailing Address 1899 VISTA ROYALE BLVD ORLANDO, FL 32835 |
|--|--|

| | | | |
|--------------------------------|---------|--|-----------------------|
| 2. Principal Place of Business | | 3. Mailing Address <i>P.O. Box 97</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State <i>Gotha FL</i> | |
| Zip | Country | Zip <i>34734</i> | Country <i>USA</i> |



01112006 Chg-LLC CR2E083 (11/05)

| | | |
|---|--|--|
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent COLBURN, JOHN DAVID 1899 VISTA ROYALE BLVD. ORLANDO, FL 32835 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code | |
|--|--|---|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CCN INVESTMENTS, INC. 1899 VISTA ROYALE BLVD ORLANDO, FL 32835 <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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"/> Delete | 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: <i>[Signature]</i> | <i>1-22-06</i> | <i>407 877 0371</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |