


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90143 017 \*\*\*\*55.00

<b>DOCUMENT # L02000013235</b> 1. Entity Name <b>CCN GREEN FOREST, LLC</b>			
Principal Place of Business <b>1899 VISTA ROYALE BLVD ORLANDO, FL 32835</b>		Mailing Address <b>P.O. BOX 97 HOWEY IN THE HILLS, FL 34737 Gotha, FL 34734</b>	
2. Principal Place of Business - No P.O. Box # <b>2710 Rew Cr</b> Suite, Apt. #, etc. <b>Suite 200</b>		3. Mailing Address <b>P.O. Box 97</b> Suite, Apt. #, etc.	
City & State <b>00000 FL</b>		City & State <b>Gotha, FL</b>	
Zip <b>34761</b>		Zip <b>34734</b>	
Country		Country	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		01152007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>COLBURN, JOHN DAVID 1899 VISTA ROYALE BLVD. ORLANDO, FL 32835</b>		7. Name and Address of New Registered Agent Name <b>John D Colburn</b> Street Address (P.O. Box Number is Not Acceptable) <b>2710 Rew Cr, Suite 200</b> City <b>00000</b> <b>FL</b> Zip Code <b>34761</b>	
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-15-07</u>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CCN INVESTMENTS, INC. 1899 VISTA ROYALE BLVD ORLANDO, FL 32835</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b><del>MGRM</del> CCN Investments, Inc 2710 Rew Cr, Ste 200 00000, FL 34761</b> <input checked="" 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
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-15-07</u> Daytime Phone # <u>407 811 0371</u>	

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