2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

	ANNUAL	. KEPUK _{ji}							00.00
DOCUMENT # L02000013235 1. Entity Name CCN GREEN FOREST, LLC						Se	ecreta	ary (of Sta
Principal Place of Business Mailing Address			•						
2710 REW CR		PO. BOX 97							
STE		GOTHA, FL 34737							
OCOEE, FL 34761		0011In, 12 34737							
00022,12	37701				1 12 12 13 14 15 15 15 15 15 15 15	III 83 14 83 11 83 111 1	111 1 1111 1111		50 1 (3) (03)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Chg	g-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Number NOT APPLIC	ABLE		- 	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of State	us Desired		5.00 Add e Require	
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Re	gistered Ag	ent	
COLBURN, JOHN DAVID				Name	(CO D N 1 : N:				
2710 REW CR STE 200 OCOEE, FL 34761				Street Addre	ss (P.O. Box Number is No	ot Acceptable)			
				City			FL	Zip Code)
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registere	ed office or reg	stered agent, or both, in the	e State of Flori	ida. lam fan	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	E: Registere	d Agent signature rec	juired when reinstating)		DATE		
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	3			The state of	Make Florida	check pay Departmen	16.7 6	1 1
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	CHANGES		
TITLE	MGRM	☐ Delete	TITLE	ૄ ·				Change	Addition
NAME	CCN INVESTMENTS, INC.		NAM	E					
STREET ADDRESS	2710 REW CR STE 200		STRE	ET ADDRESS		Hooooa	837452		
CITY-ST-ZIP	OCOEE, FL 34761		CITY	-ST-ZIP	na	.000000 <u>-3/04/108</u>	80058-1	001 13	38, 75
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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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

O OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE