

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**L02000016480**

0014270

DOCUMENT # L02000016480



**FILED**  
**03 NOV 21 AM 8:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



1. Entity Name  
**C.C.T. ASSOCIATES, L.L.C.**

Principal Place of Business  
**420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

Mailing Address  
**2420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

2. Principal Place of Business  
**3650 E 10 Ct.**

3. Mailing Address  
**200 S. Biscayne Blvd.**

CHECK HERE IF MAKING CHANGES  
**05/08/03 90080 017 \$50.00**

City and State  
**Hialeah, FL**

City and State  
**Miami FL**

4. FEI Number  
**56-2286997**

Zip  
**33013**

Country  
**USA**

Zip  
**33131**

Country  
**US**

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

6. Name and Address of Current Registered Agent  
**MELAND & RUSSIN, P.A.  
2420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
**Melond Russin Hellinger & Budwick  
200 S. Biscayne Blvd  
2000 Woodruff Financial Center  
Miami FL 33131**

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]* **MARU MELAND** DATE: **3/21/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<p><input type="checkbox"/> Delete</p> <p><b>President</b> <b>Nicolas Trujillo</b> <b>3650 E 10 Ct.</b> <b>Hialeah, FL 33013</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add</p>	<p><b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b></p>	<p><b>BRK</b></p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add</p>	<p><b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b></p>	<p><b>BRK</b></p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add</p>	<p><b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b></p>	<p><b>BRK</b></p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add</p>	<p><b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b></p>	<p><b>2003</b></p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add</p>	<p><b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b></p>	<p><b>BRK</b></p>

**REINSTATEMENT**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated 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 entity; and my company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **11/7/03** FIDUCIARY NO: **305-696-0310**

CH2E-083 (10/02)