


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 13 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # L02000022139		
1. Entity Name CCDC LLC		

Principal Place of Business 12865 WEST DIXIE HWY SUITE 101 NORTH MIAMI, FL 33161 US	Mailing Address PO BOX 530926 MIAMI, FL 33153 US
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2. Principal Place of Business 216 NE 18 ST Suite, Apt. #, etc. 1	3. Mailing Address P.O. Box 530926 Suite, Apt. #, etc.
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City & State MIAMI SHORES FL	City & State MIAMI, FL
Zip 33138	Country MIAMI-DHAR
Zip 33153	Country MIAMI-DHAR



04052004 Chg-LLC CR2E083 (10/03) 4/13

4. FEI Number 30-0119547	Applied for Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CUOLIPP, MICHAEL P ESQ 12865 WEST DIXIE HIGHWAY SUITE 101 NORTH MIAMI, FL 33161	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3483 NE 163 St City MIAMI BEACH, FL FL Zip Code 33160	
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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	DATE 4/5/04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLIP, ESQ., MICHAEL P 12865 W. DIXIE HWY. NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUOLIPP, ESQ. MICHAEL P 3483 NE 163 STREET N. MIAMI BEACH, FL 33160 <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	100036473761 05/14/04--01050--012 **250.00 <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 exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE	DATE 4/5/04	Daytime Phone # (305) 9400668
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