

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029399

FILED
Jan 16, 2008
Secretary of State

Entity Name: CORAL RIDGE CC PROPERTIES, L.L.C.

Current Principal Place of Business:

2115 NE 37 ST
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2900 N OAKLAND PARK BLVD
3RD FLOOR
FORT LAUDERDALE, FL 33306

New Mailing Address:

331 NORTH PINNACLE RIDGE RD
BEECH MTN, NC 28604

FEI Number: 65-1162335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEAL, PATRICK
2115 NE 37 ST
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

O'NEAL, PATRICK
2900 N OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306 US

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.

SIGNATURE: PATRICK O'NEAL

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'NEAL, PATICK
Address: 2900 N OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: MGR () Delete
Name: O'NEAL, MIKEL
Address: 2900 N OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: O'NEAL, PATRICK
Address: 2900 N OAKLAND PARK BLVD
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK O'NEAL

MEMB

01/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date