2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY - ST- ZIP

Jul 26, 2004 08:00 AM Secretary of State DOCUMENT # L02000029557 CC GROUP 1, LLC Principal Place of Business Mailing Address 4400 SILAS CREEK PKWY., SUITE 200 4400 SILAS CREEK PKWY., SUITE 200 WINSTON SALEM, NC 27104 WINSTON SALEM, NC 27104 CR2E083 (10/03) 05282004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4228090 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOILEAU, JOHN L'ESQUIRE DO NOT WRITE 3490 N. US HIGHWAY 1 COCOA, FL 32926 IN THIS SPACE 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 Signature, typed or printed name of repistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) *** DATE Filing Fee is \$50.00 Due by September 8, 2004 U00000168156 26/04-80002-012 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CLAYTON, DOUGLAS M NAME STREET ADDRESS 440 SILAS CREEK PARKWAY, SUITE 200 CITY - ST - ZIP WINSTON-SALEM, NC 27104 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CKTY - ST - ZIP IN THIS SPACE TITLE NAME

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Floride 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 it 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.