

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90056 002 ****50.00

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07152005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000029557 1. Entity Name CC GROUP 1, LLC					
Principal Place of Business 4400 SILAS CREEK PKWY., SUITE 200 WINSTON SALEM, NC 27104				Mailing Address 4400 SILAS CREEK PKWY., SUITE 200 WINSTON SALEM, NC 27104	
2. Principal Place of Business 3325 Healy Dr. Suite, Apt. #, etc. Suite B City & State Winston Salem, NC Zip 27103 Country US		3. Mailing Address 3325 Healy Dr. Suite, Apt. #, etc. Suite B City & State Winston Salem Zip 27103 Country US		4. FEI Number 13-4228090 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SOILEAU, JOHN L ESQUIRE 3490 N. US HIGHWAY 1 COCOA, FL 32926	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAYTON, DOUGLAS M 440 SILAS CREEK PARKWAY, SUITE 200 WINSTON-SALEM, NC 27104			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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.					
SIGNATURE: <i>DL M Clayton</i> Douglas M. Clayton MGR 7/15/05 336-760-1041 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					