

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002350

Entity Name: C.C.H. LLC

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

603 S.W. 11TH AVENUE
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 720475
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0833865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESMAILZADEH, NADER
9600 N.W. 25TH STREET, SUITE 4-F
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CASAS, TERESA
Address: P.O. BOX 720475
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: COKER, JESSICA
Address: P.O. BOX 720475
City-St-Zip: TAMPA, FL

Title: MGR () Delete
Name: HOLLAND, MICHELLE
Address: P.O. BOX 720475
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: ESMAILZADEH, NADER
Address: P.O. BOX 720475
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERESA CASAS

MS

01/05/2005

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