

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012327	
1. Entity Name CCCH MILLINOCKETT PROPERTY, LLC	



FILED

2004 MAY 18 P 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1190 PARK AVENUE WINTER PARK, FL 32789	Mailing Address 1190 PARK AVENUE WINTER PARK, FL 32789
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03192004 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> 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 LOWMAN, WILLIAM R JR, ESQ 315 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Thomas R. Allen Street Address (P.O. Box Number is Not Acceptable) 14 E./Washington Street, Suite 600 City Orlando, FL Zip Code 32801
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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 	Thomas R. Allen	04/29/04 DATE

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 4-28-04 Daytime Phone #: (407) 622-0000