


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020454 1. Entity Name CC INVESTMENTS, LLC	
---	---

Principal Place of Business 305 BAY ST. NEPTUNE BEACH, FL 32266	Mailing Address 305 BAY ST. NEPTUNE BEACH, FL 32266
---	---

DO NOT WRITE IN THIS SPACE



01282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, PA 3010 SOUTH THIRD ST. JACKSONVILLE BEACH, FL 32250
--

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

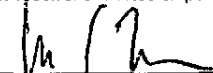
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOYLAN, ALEXANDER C 305 BAY ST. NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUCA, CHRISTOPHER C 305 BAY ST. NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

1000000234557
04/08/05-80076-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/31/05 <small>Date</small>	(904) 584-5295 <small>Daytime Phone #</small>
--	---------------------------------------	---