

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90033 049 \*\*\*\*50.00

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03212005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000022867</b> 1. Entity Name CCN, LLC			
Principal Place of Business 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459		Mailing Address 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 40 Clarcon Dr. Suite, Apt. #, etc.		3. Mailing Address 40 Clarcon Dr. Suite, Apt. #, etc.	
City & State Panama City Beach, FL Zip 32413 Country		City & State Panama City Beach, FL Zip 32413 Country	
4. FEI Number APPLIED FOR 51-0471866		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  COFFIELD, P. COLLEEN 1719 S. COUNTY HWY 393 SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLAS, LANCE G 250 CLAREON DR. PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nicholas, Lance G. 40 Clarcon Dr. Panama City Beach, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABE AND CATO 276 VILLAGE PARKWAY MARIETTA, GA 30067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.			
<b>SIGNATURE:</b> <u>LANCE N. NICHOLAS</u> MGRM <u>4/25/05</u> 850 258 3508			