2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90033 049 ****50.00

DOCUMENT # L03000022867 1. Entity Name CCN, LLC							04-28-2005	90033 04	19 ****5(0.00
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 SANTA ROSA BEACH, FL 3						140056 52				
2. Principal Place of Business 40 Claron Dr.		3. Mailing Address 40 Clutcon Dr.								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03212005	Chg-LLC	CESEO	83 (10/03)	
Panama	City Ross De	Sity & State	Rana	a, Fi	_	4. FEI Numbe	r		Ap	pplied For
32413	Country	Zip 32413	Coun	try	•		OFFOR 51-0 of Status Desired	П	\$5.00 Add	
20117	6. Name and Address of Current	· · · · · · · · · · · · · · · · · · ·	L		<u>!</u>	7. Name and	Address of New I		<u>`</u>	<u> </u>
0055151.5	D COLLECT			Name						
COFFIELD, P. COLLEËN 1719 S. COUNTY HWY 393 SANTA ROSA BEACH, FL 32459				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Cod	
8. The above the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	d office o	r registere	d agent, or boti	n, in the State of Fl	lorida. Iam f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signat	ture required v	hen reinstating)		DATE		
Fi De	iling Fee is \$50.00 ue by May 1, 2005							ke check pa la Departme	•	e
Fi De	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10.				Florid		•	9
9. TITLE NAME	MANAGING MEMBE MGRM NICHOLAS, LANCE G	RS/MANAGERS Delete	TITLE	E	Mc en Nichol	n ns, Lance	ADDITIONS	la Departme	•	Addition
9.	MANAGING MEMBE MGRM NICHOLAS, LANCE G 250 CLAREON DR.	□ Delete	TITLE NAMI STRE	E Et address	Michal 40 C	lancon D	ADDITIONS G.	A Department of A Department o	ent of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM NICHOLAS, LANCE G 250 CLAREON DR. PANAMA CITY BEACH, FL 3241	□ Delete	TITLE NAMI STRE	E Et address -St-Zip	Michal 40 C	s, Lance lancon D na City	ADDITIONS G.	la Departme	ent of State	
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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 repetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Mann SIGNATURE: LANCE IV. WW (") /// // // // // // SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE