

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90064 050 ****50.00

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| DOCUMENT # L03000028740 | | | | | |
| 1. Entity Name MARQUIS SIGN COMPANY, LLC | | | | | |
| Principal Place of Business 4265 QUECHUA ROAD PORT ST. JOHN, FL 32927 | | | Mailing Address 4265 QUECHUA ROAD PORT ST. JOHN, FL 32927 | | |
| 2. Principal Place of Business 3740 Curtis Blvd Suite, Apt. #, etc. # 112 | | 3. Mailing Address 3740 Curtis Blvd Suite, Apt. #, etc. # 112 | | | |
| City & State PORT ST JOHN, FL Zip 32927 | | City & State PORT ST JOHN, FL Zip 32927 | | 04272004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number | | | | <input checked="" type="checkbox"/> 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 FERRARO, CARMINE 4265 QUECHUA ROAD PORT ST. JOHN, FL 32927 | |
| 7. Name and Address of New Registered Agent Name CCG HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3740 CURTIS BLVD. # 112 City PORT ST JOHN, FL Zip Code 32927 | | | | 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: CARMINE FERRARO, PRESIDENT CC6 HOLDINGS, INC. 4/27/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 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 | |
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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. | | | | | |
| SIGNATURE: | | | CARMINE FERRARO, PRESIDENT CC6 HOLDINGS, INC. 4/27/2004 433-0274 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |