


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039967 1. Entity Name CCG SHORT PUMP, LLC	
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Principal Place of Business 3421 NORTH LAKEVIEW DR. TAMPA, FL 33618	Mailing Address 3421 NORTH LAKEVIEW DR. TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



02022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3736016	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 SARSEN, CYNTHIA R 3421 NORTH LAKEVIEW DR. TAMPA, FL 33618
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGIC WOK MANAGEMENT, LLC 3421 N LAKEVIEW DR, STE 168 TAMPA, FL 33618
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03/25/05-80002-008 50.00

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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)(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: 	3-21-05	813-985-2325
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>