FILED
Jul 20, 2007 8:00 am
Secretary of State

06-07-2007 90197 031 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042719

1. Entity Name
CCB, LLC

30011931

Principal Place of Business	Mailing Address
900 WESTPARK DR., STE. 300 PEACHTREE CITY, GA 30269	900 WESTPARK DR., STE. 300 PEACHTREE CITY, GA 30269

05292007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4635 Gulfstarr Dr		4635 Gulfstarr Dr	
Suite, Apt. #, etc.: Ste 300		Suite, Apt. #, etc.: Ste. 300	
City & State: Destin FL		City & State: Destin, Fl	
Zip: 32541	Country	Zip: 32541	Country

4. FEI Number: 20-0394771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMER, RICHARD E
305 MAIN ST., STE. 1
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name: Larry E. Reeder, Managing Member
Street Address (P.O. Box Number is Not Acceptable): 4635 Gulfstarr Dr Ste 300
City: Destin FL Zip Code: 32541

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: [signature], Managing Member 5-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PACE, JAMES I JR 900 WESTPARK DR. PEACHTREE CITY, GA 30269	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR, Member Larry E. Reeder 4635 Gulfstarr Dr Ste. 300 Destin, Fl 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member, MGR Alvan E. Richey 713 Forst Shores Dr. Mary Esther, Fl 32569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature], Managing Member 5-31-07 850-269-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #