# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000053959**

CC FOUR INVESTMENTS, LLC



Principal Place of Business

Mailing Address

7231 SW 63 AVENUE

STE. 200 MIĀMĪ, FL 33143 US 7231 SW 63 AVENUE

STE. 200

MIAMI, FL 33143 US

## **FILED** Jan 17, 2007 8:00 am Secretary of State

01-17-2007 90047 019 \*\*\*\*50.00



#### DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4270585

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ - IBANEZ, ROBERTO E 4755 PINE DRIVE:

MIAMI, FL 33148

### DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and little if applicable

INOTE Registered Agent signature required when reinstating)

DATE

### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS- CITY-ST-ZIP	MGRM MOREIRA, DOMINGO R -7231 SW-63 AVENUE, STE. 200 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOREIRA, DOMINGO A 7231 SW 63 AVENUE, STE. 200 MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

1-8-07

*305-539-*3815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE