

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000008970

Entity Name: CC&M INVESTMENTS, LLC

FILED
Nov 30, 2005
Secretary of State

Current Principal Place of Business:

9260 HAMMOCKS BLVD.
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

9260 HAMMOCKS BLVD.
MIAMI, FL 33196

New Mailing Address:

FEI Number: 37-1483956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLAO, JUAN F
9260 HAMMOCKS BLVD.
MIAMI, FL 33196 US

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.

SIGNATURE: JUAN F COLAO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLAO, JUAN F
Address: 9260 HAMMOCKS BLVD.
City-St-Zip: MIAMI, FL 33196

Title: MGR () Delete
Name: CAMPBELL, CHRIS
Address: 6655 NOVA DR, STE 312
City-St-Zip: DAVIE, FL 33317

Title: MGR () Delete
Name: MCCARTY, KENYA
Address: 8710 NW 44 ST
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUAN F COLAO

MGR

11/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date