


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90400 017 \*\*\*155.00

<b>DOCUMENT # L04000008970</b>					
<b>1. Entity Name</b> CC&M INVESTMENTS, LLC					
<b>Principal Place of Business</b> 9260 HAMMOCKS BLVD. MIAMI, FL 33196			<b>Mailing Address</b> 9260 HAMMOCKS BLVD. MIAMI, FL 33196		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	0112008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 37-1483956				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COLAO, JUAN F 9260 HAMMOCKS BLVD. MIAMI, FL 33196			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLAO, JUAN F 9260 HAMMOCKS BLVD. MIAMI, FL 33196 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Craig Campbell 3920 Alan Shephard Ave Cocoa, FL 32926 <div style="text-align: right;"> <input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, CHRIS 6655 NOVA DR, STE 312 DAVIE, FL 33317 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCARTY, KENYA 8710 NW 44 ST SUNRISE, FL 33351 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition                 </div>	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Chris Campbell, MGR</u> <u>2/25/08</u> <u>954-472-6600</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					