

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019278

Entity Name: CCR FINANCIAL, LLC

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

10471 SW 126 STREET
MIAMI, FL 33176 US

New Principal Place of Business:

10700 NORTH KENDALL DRIVE
SUITE 204
MIAMI, FL 33176 US

Current Mailing Address:

10471 SW 126 STREET
MIAMI, FL 33176 US

New Mailing Address:

10700 NORTH KENDALL DRIVE
SUITE 204
MIAMI, FL 33176 US

FEI Number: 81-0646697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GROSS, LESLIE J
10471 SW 126 STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GROSS, LESLIE J
Address: 10471 SW 126TH STREET
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: GIOVANNETTI, PAUL
Address: 13345 SW 106 AVENUE
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GROSS, LESLIE J
Address: 10471 SW 126TH STREET
City-St-Zip: MIAMI, FL 33176 US

Title: MGR (X) Change () Addition
Name: GIOVANNETTI, PAUL
Address: 13345 SW 106 AVENUE
City-St-Zip: MIAMI, FL 33176 US

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: LESLIE JAY GROSS

MGR

04/14/2005

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