2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 17, 2006
Secretary of State

DOCUMENT# L04000019278

Entity Name: CCR FINANCIAL, LLC

Current Principal Place of Business:

10700 NORTH KENDALL DRIVE
SUITE 204
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10700 NORTH KENDALL DRIVE
SUITE 204
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 81-0646697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

GROSS, LESLIE JAY
10700 N. KENDALL DR.
SUITE 204
MIAMI, FL 33176 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: LESLIE JAY GROSS 08/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: MBR (X) Delete
Name: DEVELOPMENT CAPITAL, RESOURCES, LLC
Address: 10700 NORTH KENDALL DRIVE, #204
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CCR MANAGEMENT, INC.,
Address: 10700 N. KENDALL DR., STE 204
City-St-Zip: MIAMI, FL 33176 US

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 Chapter 119, 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 CEO 08/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date