

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036623

FILED
Mar 04, 2005
Secretary of State

Entity Name: CC REVENUE ASSURANCE, LLC

Current Principal Place of Business:

449 COCONUT ISLE DRIVE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

330 COCONUT ISLE DRIVE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

449 COCONUT ISLE DRIVE
FORT LAUDERDALE, FL 33301

New Mailing Address:

330 COCONUT ISLE DRIVE
FORT LAUDERDALE, FL 33301

FEI Number: 80-0111629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARUSO, CARRIE A
449 COCONUT ISLE DRIVE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

CARUSO, CARRIE A
330 COCONUT ISLE DRIVE
FORT LAUDERDALE, FL 33301 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: CARRIE ANN CARUSO

03/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CARUSO, CARRIE A
Address: 449 COCONUT ISLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARUSO, CARRIE A
Address: 330 COCONUT ISLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: CARRIE ANN CARUSO

MGRM

03/04/2005

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