

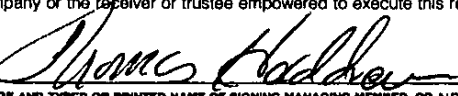


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000060077</b>			
1. Entity Name CCH BUILDERS, LLC			
Principal Place of Business 526 MARY ESTHER CUT-OFF NW FORT WALTON BEACH, FL 32548		Mailing Address 526 MARY ESTHER CUT-OFF NW FORT WALTON BEACH, FL 32548	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03232007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1480246	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CLARK, TONY D 526 MARY ESTHER CUT-OFF NW FORT WALTON BEACH, FL 32548		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		U000000683462 04/05/07-80047-004 50.00	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, TONY D 526 MARY ESTHER CUT-OFF NW FORT WALTON BEACH, FL 32548		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HADDEN, THOMAS 180 THURSTON PLACE CRESTVIEW, FL 32536		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHESSHER, ROGER D P. O. BOX 1418 CRESTVIEW, FL 32536		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>SIGNATURE</b> 		3/26/07 850/158-7578	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	