

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90063 022 \*\*\*\*50.00

**DOCUMENT # L04000065484**

1. Entity Name

CCF INVESTMENT GROUP, LLC



Principal Place of Business

3001 ALOMA AVENUE, STE. 102  
WINTER PARK FL 32792

Mailing Address

3001 ALOMA AVENUE, STE. 102  
WINTER PARK FL 32792



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number 61-1475929

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNBECK, RICHARD H  
3001 ALOMA AVENUE, STE. 102  
WINTER PARK FL 32792

Name **HANS B. BANGE**

Street Address (P.O. Box Number is Not Acceptable)

**3001 ALOMA AVE # 102**

City **WINTER PARK**

FL **32792**

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

Signature, typed or printed name of registering agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**07-18-2006**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JUAN A. SERRA P.A.  
3001 ALOMA AVENUE, STE. 102  
WINTER PARK FL 32792 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
COMMERCIAL MORTGAGE SOLUTIONS  
3001 ALOMA AVENUE SUITE 102  
WINTER PARK FL 32792 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**07-18-06 407 657 0063**

Date

Daytime Phone #