

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90034 018 ****50.00

DOCUMENT # L04000069478

1. Entity Name
CCRI, LLC



Principal Place of Business
9154 SHADOW GLEN WAY
FORT MYERS, FL 33913

Mailing Address
9154 SHADOW GLEN WAY
FORT MYERS, FL 33913

20033609

2. Principal Place of Business
9230 INDEPENDENCE WAY
Suite, Apt. #, etc.

3. Mailing Address
9230 INDEPENDENCE WAY
Suite, Apt. #, etc.

City & State
FORT MYERS, FL
Zip 33913 Country

City & State
FORT MYERS, FL
Zip 33917 Country

04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1594245
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLOVITZ, MARC S
9154 SHADOW GLEN WAY
FORT MYERS, FL 33913

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9230 INDEPENDENCE WAY

City

FL

Zip Code

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 *X Z. Ram* *ZAMI RAM*

4/14/06
DATE

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

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KAPLOVITZ, MARC S
STREET ADDRESS 9154 SHADOW GLEN WAY
CITY-ST-ZIP FORT MYERS, FL 33913 ☐ Delete

TITLE MGR
NAME RAM, ZAMI
STREET ADDRESS 23500 MERCANTILE ROAD
CITY-ST-ZIP BEACHWOOD, OH 44122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 9230 INDEPENDENCE WAY
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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: *X Z. Ram* *ZAMI RAM*

4/14/06
Date

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

Daytime Phone #