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Secretary of State

04-29-2005 90048 041 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000073058

1. Entity Name
CCP INVESTMENT GROUP LIMITED LIABILITY COMPANY

30009914

Principal Place of Business	Mailing Address
12399 S.W. 53 ~~STREET, SUITE 104~~ ~~COOPER CITY~~, FL 33330	12399 S.W. 53 ~~STREET, SUITE 104~~ ~~COOPER CITY~~, FL 33330

MOVED

04012005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1721 Blount Rd	
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. Same
City & State Pompano Bch. FL	City & State
Zip 33069 Country USA	Zip / Country

4. FEI Number 59 3785831 — 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
GABLE, MICHAEL P 4000 HOLLYWOOD BLVD., SUITE 735 SOUTH TOWER HOLLYWOOD, FL 33021-6755	Name Daniel J. Chiodo Street Address (P.O. Box Number is Not Acceptable) 1721 Blount Rd Suite # 2 City Pompano Beach FL Zip Code 33069

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 Daniel Chiodo — DATE 4-13-05

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHIODO, DANIEL J 12399 S.W. 53 STREET, SUITE 104 COOPER CITY, FL 33330 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1721 Blount Rd Suite # 2 Pompano Beach, FL 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Lisa Clinton 14501 W. Palomino Dr. SW Ranches FL 33330
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 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 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: Daniel Chiodo — Date — 954-471-6335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #