

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074570

Entity Name: CC OF TARPON BAY, LLC

FILED  
Mar 05, 2006  
Secretary of State

**Current Principal Place of Business:**

1717 TARPON BAY SOUTH  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

248 EAST ARTHUR PLACE  
ISELIN, NJ 08830

**New Mailing Address:**

FEI Number: 20-1816810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, DOUGLAS A ESQ.  
1000 NORTH TAMiami TRAIL  
SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CECERE, DANIEL JR.  
Address: 248 EAST ARTHUR PLACE  
City-St-Zip: INSELIN, NJ 08830

Title: MGRM ( ) Delete  
Name: CRISPINO, CHRISTOPHER  
Address: 248 EAST ARTHUR PLACE  
City-St-Zip: INSELIN, NJ 08830

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CECERE, DANIEL JR.  
Address: 248 EAST ARTHUR PLACE  
City-St-Zip: INSELIN, NJ 08830

Title: MGRM (X) Change ( ) Addition  
Name: CRISPINO, CHRISTOPHER  
Address: 248 EAST ARTHUR PLACE  
City-St-Zip: INSELIN, NJ 08830

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DANIEL CECERE JR.

MGRM

03/05/2006

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