

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


1/

FILED
Mar 24, 2005 8:00 am
Secretary of State

01-19-2005 90025 026 ****50.00

DOCUMENT # L04000079660

1. Entity Name
C.C.P., LLC



Principal Place of Business
**730 NW 7TH AVENUE
 BOCA RATON, FL 33486**

Mailing Address
**730 NW 7TH AVENUE
 BOCA RATON, FL 33486**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1829331

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KEDEM, ILAN
 730 NW 7TH AVENUE
 BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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 *[Signature]* DATE **1-13-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
 Due by May 1, 2005**

CONFIRMATION

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGRM	KEDEM, ILAN 730 NW 7TH AVENUE BOCA RATON, FL 33486		

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: *[Signature]* **ILAN KEDEM** DATE: **1/13/05** PHONE: **239-5738661**

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