


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90083 005 ****50.00

| | |
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| DOCUMENT # L04000079660 1. Entity Name C.C.P., LLC |  |
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| Principal Place of Business 730 NW 7TH AVENUE BOCA RATON, FL 33486 | Mailing Address 730 NW 7TH AVENUE BOCA RATON, FL 33486 |
|--|--|

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07182006No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-1829331 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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B. 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: _____ 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 September 6, 2006

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KEDEM, ILAN 730 NW 7TH AVENUE BOCA RATON, FL 33486 |
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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:  Date: 7/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE