


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90370 032 ****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
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DO NOT WRITE IN THIS SPACE

40113655



05102007No Chg-LLC CR2E083 (11/05)

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

DO NOT WRITE IN THIS SPACE

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.

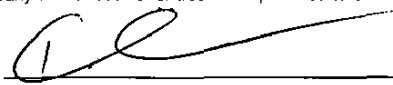
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

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: 

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