


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008 08:00 AM
Secretary of State

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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07182008 No Chg-LLC CR2E083 (12/07)

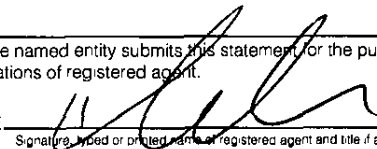
DO NOT WRITE IN THIS SPACE

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	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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:  DATE: 7-18-08

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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

 U00000956137
 07/23/08-80004-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	KEDEM, ILAN	730 NW 7TH AVENUE BOCA RATON, FL 33486

DO NOT WRITE
IN THIS SPACE

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: 7-18-08

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