


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L04000079660</b> 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)

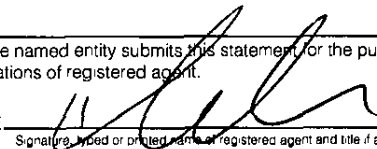
DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

KEDEM, ILAN 730 NW 7TH AVENUE BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
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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 #