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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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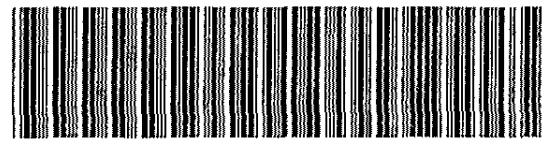
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/05/04

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CCR HOLDINGS LLC  
393 E. CENTRAL AVE.  
WINTER HAVEN, FLORIDA 33880

October 21, 2004

Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

SUBJECT: CCR Holdings LLC

Dear Sir or Madam:

The enclosed fees and Articles of Organization of CCR Holdings LLC, a Florida Limited Liability Company, are submitted for receipt and filing. Please return all correspondence concerning this matter to the following:

Christopher M. Collany  
CCR Holdings LLC  
393 E. Central Ave.  
Winter Haven, Florida 33880

For further information concerning this matter, please call: Christopher M. Collany at (863) 295-9886. Enclosed please find a check in the amount of \$160 for the filing fee, certificate of status and certified copy (additional copy is enclosed).

Sincerely,



Christopher M. Collany  
Member

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
CCR HOLDINGS LLC  
A Florida Limited Liability Company**

**ARTICLE I  
Name**

The name of the Limited Liability Company is CCR Holdings LLC.

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

393 E. Central Ave.  
Winter Haven, FL 33880

**Mailing Address:**

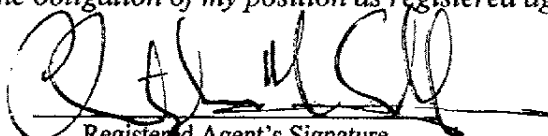
393 E. Central Ave.  
Winter Haven, FL 33880

**ARTICLE III  
Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Christopher M. Collany  
393 E. Central Ave.  
Winter Haven, FL 33880

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

**(CONTINUED)**

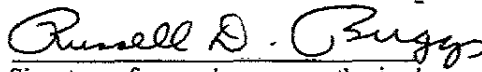
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**ARTICLE IV**  
**Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

<u><b>Title:</b></u>	<u><b>Name and Address:</b></u>
Managing Member	Charles M. Carnes P.O. Box 431 Dundee, FL 33838
Managing Member	Christopher M. Collany 393 E. Central Ave. Winter Haven, FL 33880
Managing Member	Russell D. Briggs 160 E. Lake Howard Dr. Winter Haven, FL 33881

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized  
representative of a member.

*(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation  
under the penalties of perjury that the facts stated herein are true.)*

**Russell D. Briggs**  
Name of signee

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