# 2006 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L04000087746**

1. Entity Name
CCMT2, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2266 EATON LAKE CT<br>LEHIGH ACRES, FL  33971 | 2266 EATON LAKE CT<br>LEHIGH ACRES, FL  33971 |

## DO NOT WRITE IN THIS SPACE

04122006No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 20-3199758 | Not Applicable |

5. Certificate of Status Desired  ☐   **$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

INSCOE, CRAIG A
2266 EATON LAKE CT
LEHIGH ACRES, FL  33971

## 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 _Craig A. Inscoe_   _Craig A. Inscoe_   _Managing Member_   _4-14-06_

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

**Filing Fee is $50.00**
**Due by May 1, 2006**

### 9. MANAGING MEMBERS/MANAGERS

| TITLE | MGR |
|---|---|
| NAME | CCMT, INC. |
| STREET ADDRESS | 169 NOTTINGHAM TRAIL |
| CITY-ST-ZIP | NEWPORT NEWS, VA  23602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/02/06-80099-009 50.00

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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: _Craig A Inscoe_   _Craig A Inscoe_   _4-14-06_   _239-369-4203_

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