

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90041 044 \*\*\*\*50.00

|                                       |  |                                                                                   |
|---------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000007086</b>        |  |  |
| 1. Entity Name<br>CC INVESTMENTS, LLC |  |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832 | Mailing Address<br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

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| 2. Principal Place of Business<br>5511 HANSEL AVE.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>5511 HANSEL AVE.<br>Suite, Apt. #, etc. |
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04072008 Chg-LLC CR2E083 (11/05)

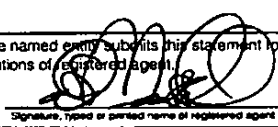
|                             |                             |                             |                               |
|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| City & State<br>ORLANDO, FL | City & State<br>ORLANDO, FL | 4. FEI Number<br>26-0104926 | Applied For<br>Not Applicable |
| Zip<br>32809                | Country<br>USA              | Zip<br>32809                | Country<br>USA                |

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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|                                                                                                                                 |  |
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| 6. Name and Address of Current Registered Agent<br>RUSSELL, DOUGLAS R<br>11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832 |  |
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|                                                                                                                                                                                       |  |
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| 7. Name and Address of New Registered Agent<br>Name: DOUGLAS R RUSSELL<br>Street Address (P.O. Box Number is Not Acceptable):<br>5511 HANSEL AVE.<br>City: ORLANDO FL Zip Code: 32809 |  |
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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:  DOUGLAS R. RUSSELL DATE: 4/10/06  
(Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when re-registering)

|                                             |                                                      |
|---------------------------------------------|------------------------------------------------------|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
|---------------------------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DOUGLAS R. RUSSELL DATE: 4/10/06 DAYTIME PHONE: 407-509-8484  
(Signature, typed or printed name of signing managing member, manager, or authorized representative)