

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90196 023 \*\*\*\*50.00

<b>DOCUMENT # L05000007086</b>					
<b>1. Entity Name</b> CC INVESTMENTS, LLC					
<b>Principal Place of Business</b> 5511 HANSEL AVE. ORLANDO, FL 32809			<b>Mailing Address</b> 5511 HANSEL AVE. ORLANDO, FL 32809		
<b>2. Principal Place of Business - No P.O. Box #</b> 1570 LAKE BALDWIN LANE		<b>3. Mailing Address</b> 1570 LAKE BALDWIN LANE			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A			
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32814		Country USA		Zip 32814	
Country USA		Country USA			
<b>4. FEI Number</b> 26-0104926			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> RUSSELL, DOUGLAS R 5511 HANSEL AVE. ORLANDO, FL 32809			<b>7. Name and Address of New Registered Agent</b> Name: DOUGLAS R. RUSSELL Street Address (P.O. Box Number is Not Acceptable): 1570 LAKE BALDWIN LANE SUITE A City: ORLANDO FL Zip Code: 32814		
<b>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.</b> SIGNATURE:  DOUGLAS R. RUSSELL (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, DOUGLAS R 5511 HANSEL AVE. ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGLAS R. RUSSELL 1570 LAKE BALDWIN LANE STE. A ORLANDO, FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM SECRIST, ROBERT L 5511 HANSEL AVE. ORLANDO, FL 32809		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM ALEXANDER, BRETT 1181 VALENCIA AVE. WINTER PARK, FL 32789		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM HOOKER, MARCUS 5511 HANSEL AVE. ORLANDO, FL 32809		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM ARTERBURN, JAMES S 442 MALLARD CIR WINTER PARK, FL 32789		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM 		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM 		<input type="checkbox"/> Delete	
<b>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.</b>					
<b>SIGNATURE:</b> DOUGLAS R. RUSSELL		Date: 3/20/07		Daytime Phone #: 407-228-7011	