

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90314 002 \*\*\*\*50.00

**DOCUMENT # L05000034628**

1. Entity Name  
CC SUMMERCHASE HOLDINGS, LLC



Principal Place of Business  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134

Mailing Address  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134

2. Principal Place of Business No P.O. Box #  
*16340 Sunset Drive*  
Suite, Apt. #, etc.

3. Mailing Address  
*16340 Sunset Drive*  
Suite, Apt. #, etc.



02052007 Chg-LLC CR2E083 (12/06)

City & State  
*Miami, FL*  
Zip  
*33143*

Country

City & State  
*Miami, Florida*  
Zip  
*33143*

Country

4. FEI Number  
20-2706338

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LESTER, PAUL A  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FIELDSTONE, RONALD R  
201 ALHAMBRA CIR #601  
CORAL GABLES, FL 33134 ☒ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*MGR*  
*Thomas Cabrerizo*  
*16340 Sunset Drive*  
*Miami, FL 33143* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*THOMAS CABRERIZO MGR. 04/17/07 305.779-8044*