


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90141 027 \*\*\*\*55.00

<b>DOCUMENT # L05000035566</b> 1. Entity Name <b>CC ENTERPRISES LLC</b>					
Principal Place of Business <b>11612 BROOKMORE WAY RIVERVIEW, FL 33569</b>			Mailing Address <b>P.O. BOX 2754 RIVERVIEW, FL 33568</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CONN, CYNTHIA 11612 BROOKMORE WAY RIVERVIEW, FL 33569</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Cynthia Conn</i></u> <i>owner/partner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/16/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>MGR Cynthia Y. Conn 11612 Brookmore Way Riverview, FL 33569</b>		
			<b>MGR Gavin L. Conn 11612 Brookmore Way Riverview, FL 33569</b>		
			<b>MGR Sidney Hayes Dr. 11612 Brookmore Way Riverview, FL 33569</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.					
SIGNATURE: <u><i>Cynthia Conn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>1/16/06</u> 813-671-3676 <small>Date Daytime Phone #</small>		