

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042254

Entity Name: CCVM, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1101 SW 122 AVE
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

1101 SW 122 AVE
PLANTATION, FL 33323

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVENDER, JOEL R ESQ
507 SOUTHEAST 11TH COURT
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NARA, SREENIVAS MD
Address: 1101 SW 122 AVE
City-St-Zip: PLANTATION, FL 33323

Title: MGRM () Delete
Name: CAUDILL, JEFFREY MD
Address: 1532 TRALEE COURT NORTH
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM () Delete
Name: NARA, VENKATESH MD
Address: 6721 NORTH COCOPAS ROAD
City-St-Zip: TUSCON, AZ 85718

Title: MGRM () Delete
Name: NAGARAJ, BINA MD
Address: 1101 NW 122 AVE
City-St-Zip: PLANTATION, FL 33323

Title: MGRM () Delete
Name: NARA, REBECCA P MD
Address: 6721 NORTH COCOPAS ROAD
City-St-Zip: TUSCON, AZ 85718

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SREENIVAS NARA

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date