


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000048848		
1. Entity Name CCHI, LLC		

Principal Place of Business 1435 PIEDMONT DRIVE EAST, SUITE 214 TALLAHASSEE, FL 32308	Mailing Address PO BOX 3343 HICKORY, NC 28603
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2. Principal Place of Business - No P.O. Box # 1978 8th Ave NW Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Hickory, NC Zip 28601	Country USA
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08272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2866234	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	


6. Name and Address of Current Registered Agent JOHN F. GILROY, III, P.A. 1435 PIEDMONT DRIVE EAST, SUITE 214 TALLAHASSEE, FL 32308	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1435 East Piedmont Drive Suite 215 City FL Zip Code	
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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 	DATE 8/27/07

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C/B HOLDINGS, LLC 1435 PIEDMONT DRIVE EAST, SUITE 214 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1978 8th Ave NW Hickory, NC 28601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9001088365 \$9 08/30/07--01039--010 \$110.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 8/27/07 (850) 385-0368

FILED

07 AUG 28 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

