## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000052999

Name:

Address:

City-St-Zip:

7777 NORTH DAVIE RD EXTN#200B

HOLLYWOOD, FL 33024

Entity Name: C&C&T INTERNATIONAL INVESTMENTS, LLC

Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7777 NORTH DAVIE ROAD, STE. 200 DAVIE, FL 33024 **Current Mailing Address: New Mailing Address:** 7777 NORTH DAVIE ROAD, STE. 200 DAVIE, FL 33024 FEI Number: 20-3096506 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAHADY, THOMAS 350 E. LAS OLAS BLVD **SUITE 1700** FT. LAUDERDALE, FL 33301 US 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: ADDITIONS/CHANGES: PRES Title: () Change () Addition () Delete JAMES, BILL Name: Name: 7777 N. DAVIE ROAD EXTN #200B Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: CFOV ( ) Delete Title: () Change () Addition Name: JAMES, CECEUA Name: Address: 7777 NORTH DAVIE RD EXTN#200B Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, CHRISTIAN Name: Name: 7777 NORTH DAVIE RD EXTN#200B Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, TAYLOR

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CECELIA JAMES **CFOV** 04/23/2008