

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000074819

Entity Name: CCBG PARTNERS, LLC

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8910 W STATE ROAD 84  
DAVIE, FL 33324 US

**New Principal Place of Business:**

2637 N.E. 37TH STREET  
FORT LAUDERDALE, FL 33308 US

**Current Mailing Address:**

8910 W STATE ROAD 84  
DAVIE, FL 33324 US

**New Mailing Address:**

2637 N.E. 37TH STREET  
FORT LAUDERDALE, FL 33308 US

FEI Number: 20-3236633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOWER, TANYA L  
C/O TRIPP SCOTT, PA  
110 SE 6TH STREET, 15TH FL  
FORT LAUDERDALE, FL 33301 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: TANYA BOWER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARRAGHER, B  
Address: 8910 W STATE ROAD 84  
City-St-Zip: DAVIE, FL 33324 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CARRAGHER, B  
Address: 2637 N.E. 37TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY H. CARRAGHER

MGR

03/30/2007

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