

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90028 005 \*\*\*\*55.00

**DOCUMENT # L05000089365**

1. Entity Name  
CCD FORT MYERS, LLC



Principal Place of Business  
15305 DALLAS PARKWAY  
SUITE 710  
DALLAS, TX 75001

Mailing Address  
15305 DALLAS PARKWAY  
SUITE 710  
DALLAS, TX 75001

60056042



2. Principal Place of Business - No P.O. Box #  
14643 Dallas Parkway  
Suite, Apt. #, etc.  
Ste. 1000

3. Mailing Address  
14643 Dallas Parkway  
Suite, Apt. #, etc.  
Ste. 1000

09132007 Chg-LLC CR2E083 (12/06)

City & State  
Dallas, Texas

City & State  
Dallas, Texas

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
75254

Country  
USA

Zip  
75254

Country  
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
420 SOUTH ORANGE AVE.  
SUITE 1200  
ORLANDO, FL 32801-4904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
MOHR, ROBERT A  
15305 DALLAS PARKWAY, SUITE 710  
ADDISON, TX 75001 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
14643 Dallas Parkway # 1000  
Dallas, Texas 75254 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-13-07

214-273-8630

Date

Daytime Phone #