2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 04, 2006 8:00 am
Secretary of State

04-20-2006 90034 017 ****50.00

DOCUMENT # L05000103816

1. Entity Name
CCRI 2, LLC

Principal Place of Business	Mailing Address
~~9154 SHADOW GLEN WAY~~ FORT MYERS, FL 33913	~~9154 SHADOW GLEN WAY~~ FORT MYERS, FL 33913

04072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
9230 INDEPENDENCE WAY		9230 INDEPENDENCE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip: 33913	Country	Zip: 33913	Country

4. FEI Number ~~NONE~~ 20-3455617 ☐ Applied For ☐ Not Applicable

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
KAPLOVITZ, MARC S ~~9154 SHADOW GLEN WAY~~ FORT MYERS, FL 33913	Name Street Address (P.O. Box Number is Not Acceptable) 9230 INDEPENDENCE WAY 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 X [signature] ZAMI RAM 4/14/06
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLOVITZ, MARC S ~~9154 SHADOW GLEN WAY~~ FORT MYERS, FL 33913	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9230 INDEPENDENCE WAY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAM, ZAMI ~~9154 SHADOW GLEN WAY~~ ~~FORT MYERS, FL 33913~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 23500 MERCANTILE ROAD BEACHWOOD, OH 44122
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: X [signature] ZAMI RAM 4/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #