
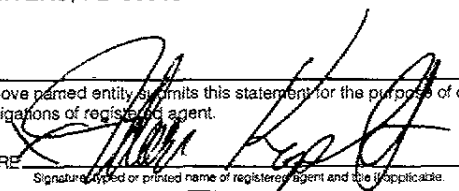
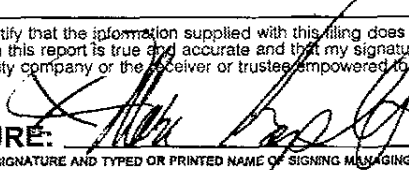


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000103816 1. Entity Name CCRI 2, LLC		
Principal Place of Business 9230 INDEPENDENCE WAY FORT MYERS, FL 33913		Mailing Address 9230 INDEPENDENCE WAY FORT MYERS, FL 33913
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAPLOVITZ, MARC S 9230 INDEPENDENCE WAY FORT MYERS, FL 33913		DO NOT WRITE IN THIS SPACE
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  <u>Marc Kaplovitz</u> <u>2/15/07</u> <small>Signature typed or printed name of registered agent and the (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLOVITZ, MARC S 9230 INDEPENDENCE WAY FORT MYERS, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAM, ZAMI 23500 MERCANTILE ROAD BEACHWOOD, OH 44122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <u>Marc Kaplovitz</u> <u>3/15/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



03012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3455617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000670341
03/27/07-80107-020 50.00