

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115084

Entity Name: CCM ENTERPRISES, LLC

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

189 OVERLOOL DRIVE
OVIEDO, FL 32766 US

New Principal Place of Business:

1613 JEANETTE ST.
APOPKA, FL 32712 US

Current Mailing Address:

189 OVERLOOL DRIVE
OVIEDO, FL 32766 US

New Mailing Address:

1613 JEANETTE STREET
APOPKA, FL 32712 US

FEI Number: 33-1127439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANO, ALFRED X
1613 JEANETTE STREET
APOPKA, FL 32712 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTELLANO, MARK
Address: 189 OVERLOOK DRIVE
City-St-Zip: OVIEDO, FL 32766 US

Title: MGRM () Delete
Name: ALFRED X. CASTELLANO,
Address: 1613 JEANETTE STREET
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: CASTELLANO, GREG
Address: 504 E. EDGEMON AVE.
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALFRED X. CASTELLANO

V.P.

04/06/2006

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