

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115084

Entity Name: CCM ENTERPRISES, LLC

FILED  
Feb 07, 2008  
Secretary of State

## Current Principal Place of Business:

1613 JEANETTE ST.  
APOPKA, FL 32712 US

## New Principal Place of Business:

## Current Mailing Address:

1613 JEANETTE STREET  
APOPKA, FL 32712 US

## New Mailing Address:

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: 6115 JASMINE VINE DR  
City-St-Zip: PORT ORANGE, FL 32128 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 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

VP

02/07/2008

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