## 2007 LIMITED LIABILITY COMPANY -**ANNUAL REPORT**

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L06000014014 04-18-2007 90030 047 \*\*\*\*50.00 CCB MANAGEMENT LLC Principal Place of Business Mailing Address 2657 WINDWOOD WAY 2657 WINDWOOD WAY ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 03052007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number **છ**0~4 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **VIVIES, PATRICK** Street Address (P.O. Box Number is Not Acceptable) 700 E DANIA BEACH BLVD 202 **DANIA, FL 33004** City 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 Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 📿 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Addition MGR TITLE ☐ Delete TITLE ☐ Change BOUDON, CHRISTIAN NAME NAME 2657 WINWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BOUDON-BUGAUT, CECILE NAME STREET ADDRESS 2657 WINWOOD WAY STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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. 04/01/2007 JRE: CHRISTIAN BOUDON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE SIGNATURE:

FILED

Daytime Phone #