


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| | | |
|--------------------------------------|--|---|
| DOCUMENT # L06000014014 | |  |
| 1. Entity Name CCB MANAGEMENT LLC | | |

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|--|--|
| Principal Place of Business 2657 WINDWOOD WAY ROYAL PALM BEACH, FL 33411 | Mailing Address 2657 WINDWOOD WAY ROYAL PALM BEACH, FL 33411 |
|--|--|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
08 AUG -4 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282008 Chg-LLC CR2E083 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 20-4272262 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| VIVIES, PATRICK 700 E DANIA BEACH BLVD 202 DANIA, FL 33004 | | Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------|--|
| Amended AR is \$50.00 | Make check payable to Florida Department of State |
|-----------------------|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOUDON, CHRISTIAN 2657 WINWOOD WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600133970906 08/05/08--01007--006 **50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOUDON-BUGAUT, CECILE 2657 WINWOOD WAY ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #