2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000018222

1. Entity Name CCH VENTURES, L.L.C.



Principal Place of Business

Mailing Address

101A BUSINESS CENTRE-DRIVE DESTIN, FL 32550

101A BUSINESS CENTRE-DRIVE DESTIN, FL 32550

FILED Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90124 041 ***138.75

0 U U = -



DO NOT WRITE IN THIS SPACE

02272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4373782

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEUCHTMAN, GARY B 501 COMMENDENCIA STREET PENSACOLA, FL 32502

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 | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | P(w) | |
| 9. | MANAGING MEMBERS/MANAGERS | | A A |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AOCO INVESTMENTS, LLC. 101-A BUSINESS CENTRE DR DESTIN, FL 32550 | | |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NO | WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

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

CITY-ST-ZIP

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

3/14/08

Date

Daytime Phone #