



**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

60042222

<b>DOCUMENT # L06000022082</b> 1. Entity Name CCR INVESTMENT PROPERTIES LLC				03-20-2007 90143 048 ****50.00	
Principal Place of Business 2706 REW CIRCLE OCOE, FL 34761		Mailing Address P.O. BOX 27 OCOE, FL 34761		60043343	
2. Principal Place of Business - No P.O. Box # 1041 Crown Park Circle Suite, Apt. #, etc.		3. Mailing Address 1041 Crown Park Circle Suite, Apt. #, etc.			
City & State Winter Garden, Florida		City & State Winter Garden, Florida		03162007 Chg-LLC CR2E083 (12/06)	
Zip 34787		Country USA		4. FEI Number <input checked="" type="checkbox"/> 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 CLEMENT, G. EDWARD 308 EAST FIFTH AVE. MT. DORA, FL 32757		7. Name and Address of New Registered Agent 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMENT, G. EDWARD 308 EAST FIFTH AVE. MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COX, LAWRENCE E 2706 REW CIRCLE OCOE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RABOUD, RONALD J 2706 REW CIRCLE OCOE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>G. Edward Clement</u> G. Edward Clement, 3/16/07 352.383.4186 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					