

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052406

Entity Name: CCTA PARTNERS LLC

FILED  
Apr 23, 2007  
Secretary of State

**Current Principal Place of Business:**

12800 UNIVERSITY DRIVE, STE. 260  
FORT MYERS, FL 33907

**New Principal Place of Business:**

12800 UNIVERSITY DRIVE  
SUITE 260  
FORT MYERS, FL 33907

**Current Mailing Address:**

18167 US HIGHWAY 19 N.  
SUITE 500  
CLEARWATER, FL 33764

**New Mailing Address:**

12800 UNIVERSITY DRIVE  
SUITE 260  
FORT MYERS, FL 33907

FEI Number: 20-8453357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHOENIX, CHARLES PT  
12800 UNIVERSITY DRIVE, STE. 260  
FORT MYERS, FL 33907 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: MGR ( ) Delete  
Name: PHOENIX, CHARLES PT  
Address: 12800 UNIVERSITY DRIVE, STE. 260  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AT FINANCIAL LLC,  
Address: 12800 UNIVERSITY DRIVE, SUITE 260  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES PT PHOENIX

MGR

04/23/2007

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