

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063418

Entity Name: CCI (GB), LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

3260 UNIVERSITY BLVD., SUITE 210
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

3260 UNIVERSITY BLVD., SUITE 210
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 26-3889128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: HEAVENER, JAMES W
Address: 3260 UNIVERSITY BLVD., SUITE 210
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: HADDOCK, EDWARD E JR.
Address: 3260 UNIVERSITY BLVD., SUITE 210
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: PHELPS, JONATHAN D
Address: 3260 UNIVERSITY BLVD., SUITE 210
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES W. HEAVENER

MGR

04/08/2009

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