2007 LIMITED LIABILITY COMPANY

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Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L06000087923 04-30-2007 90054 043 ****50.00 1. Entity Name CC RETAIL 7F, LLC Principal Place of Business Mailing Address 60043882 1001 EAST TELECOM DRIVE 1001 EAST TELECOM DRIVE BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and title it applicable (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 MGR Addition TITLE ☐ Delete TITLE ☐ Change Holshouser, Jesse A SILVER, LARRY D NAME NAME 1001 EAST TELECOM DRIVE 1001 E Telecon Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY - ST - ZIP TITLE CEO ☐ Delete TITLE ☐ Change ☐ Addition SILVER, LARRY D NAME NAME 1001 EAST TELECOM DRIVE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY - ST - ZiP MGR THILE Delete TITLE ☐ Change Addition HONAKER, B. JUDSON, JR. NAME NAME STREET ADDRESS 1201 CENTRAL PARK BLVD. STREET ADDRESS CITY - ST - ZIP FREDERICKSBURG, MD 22401 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete HONAKER, B. JUDSON JR. NAME NAME 1201 CENTRAL PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FREDERICKSBURG, MD 22401 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

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