

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90073 026 ***138.75

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03272008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000114759 1. Entity Name CCCB INVESTMENTS, LLC					
Principal Place of Business 3696 NORTH FEDERAL HWY STE 203 FT LAUDERDALE, FL 33308			Mailing Address 3696 NORTH FEDERAL HWY STE 203 FT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd.		3. Mailing Address 1400 E. Oakland Park Blvd.		4. FEI Number 45-0581185 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33334		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ESQ 317-71ST STREET MIAMI BEACH, FL 33141				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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFKY, FERN 3696 NORTH FEDERAL HWY STE 203 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFKY, FERN 1400 EAST OAKLAND PARK BLVD., SUITE 103 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Fern Markofsky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>3/31/08</u> <small>Date</small>		<u>954-567-5161</u> <small>Daytime Phone #</small>

Fern Markofsky, managing member