

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115723

Entity Name: CCT PARTNERSHIP, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

13701 BRUCE B. DOWNS BLVD., STE. 101
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13701 BRUCE B. DOWNS BLVD., STE. 101
TAMPA, FL 33613

New Mailing Address:

FEI Number: 26-1420820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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: P () Delete
Name: CANEDO, MARIO I MD
Address: 13701 BRUCE B. DOWNS BLVD., STE. 101
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: GARCIA, JUAN A MD
Address: 13701 BRUCE B DOWNS BLVD., STE 101
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: O'HARA, MITCHELL B DO
Address: 13701 BRUCE B DOWNS BLVD., STE 101
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: MICHEL, ALEJANDRO I MD
Address: 13701 BRUCE B DOWNS BLVD., STE 101
City-St-Zip: TAMPA, FL 33613

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:

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: MARIO I CANEDO MD

P

04/13/2009

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