

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126085

FILED  
Apr 12, 2012  
Secretary of State

Entity Name: CC OFFICE 10, LLC

**Current Principal Place of Business:**

1001 EAST TELECOM DRIVE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1001 EAST TELECOM DRIVE  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 26-1879768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: SILVER, LARRY D  
Address: 1001 EAST TELECOM DRIVE  
City-St-Zip: BOCA RATON, FL 33431

Title: CEO  
Name: SILVER, LARRY D  
Address: 1001 EAST TELECOM DRIVE  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR  
Name: HONAKER, B. JUDSON JR.  
Address: 1201 CENTRAL PARK BLVD.  
City-St-Zip: FREDERICKSBURG, VA 22401

Title: P  
Name: HONAKER, B. JUDSON JR.  
Address: 1201 CENTRAL PARK BLVD.  
City-St-Zip: FREDERICKSBURG, VA 22401

Title: T/S  
Name: HOLSHOUSER, JESSE A  
Address: 1001 EAST TELECOM DRIVE  
City-St-Zip: BOCA RATON, FL 33431

Title: CFO  
Name: HOLSHOUSER, JESSE A  
Address: 1001 EAST TELECOM DRIVE  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: JESSE A HOLSHOUSER

CFO

04/12/2012

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