## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000090978

Entity Name: CCM CAPITAL ADVISORS LLC

**FILED** Mar 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

335 SOUTH BISCAYNE BLVD 20801 S. BISCAYNE BLVD. MIAMI, FL 33131 US

SUITE 307

AVENTURA, FL 33180

**Current Mailing Address: New Mailing Address:** 

335 SOUTH BISCAYNE BLVD 253 HELM LANE

MIAMI, FL 33131 BAY SHORE, NY 11706 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CIMMINO, MICHAEL C NAPOLI, CHRISTOPHER 335 SOUTH BISCAYNE BLVD 20801 S. BISCAYNE BLVD. MIAMI, FL 33131 SUITE 307 AVENTURA, FL 33180 US

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: CHRISTOPHER NAPOLI 03/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: MGRM (X) Change ( ) Addition

CIMMINO, MICHAEL C CIMMINO, MICHAEL C Name: Name: Address: 335 SOUTH BISCAYNE BLVD Address: 253 HELM LANE City-St-Zip: MIAMI, FL 33131 US City-St-Zip: BAY SHORE, NY 11706 US

Title: Title: ( ) Change (X) Addition ( ) Delete

Name: Name: NAPOLI, CHRISTOPHER Address: Address: 20801 S. BISCAYNE BLVD., SUITE 307

City-St-Zip: City-St-Zip: AVENTURA, FL 33180 US

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.

**MGRM** SIGNATURE: MICHAEL CIMMINO 03/16/2009