

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115287

**FILED**  
**Feb 11, 2009**  
**Secretary of State**

**Entity Name:** CCCNF REAL ESTATE, LLC

**Current Principal Place of Business:**

7000 NW 11TH PLACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

7000 NW 11TH PLACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

P O BOX 141620  
GAINESVILLE, FL 32614 US

**FEI Number:** 26-3899454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUTTON, JAMES T DVM  
7000 NW 11TH PLACE  
GAINESVILLE, FL 32605 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: DR. ( ) Change (X) Addition  
Name: SCHILLING, PAUL J  
Address: 7000 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605 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.

**SIGNATURE:** PAUL J. SCHILLING, MD

MMBR

02/11/2009

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