

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103693

Entity Name: CC DB, LLC

FILED
Apr 15, 2011
Secretary of State

Current Principal Place of Business:

1560 S. DIXIE HIGHWAY, SUITE 205
CORAL GABLES, FL 33146

New Principal Place of Business:

135 SAN LORENZO AVE, STE 740
CORAL GABLES, FL 33146

Current Mailing Address:

1560 S. DIXIE HIGHWAY, SUITE 205
CORAL GABLES, FL 33146

New Mailing Address:

135 SAN LORENZO AVE, STE 740
CORAL GABLES, FL 33146

FEI Number: 27-1510689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GRAGG, K. LAWRENCE
135 SAN LORENZO AVE, STE 750
CORAL GABLES, FL 33146 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:

04/15/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP
Name: CODINA, ARMANDO
Address: 135 SAN LORENZO AVE STE 750
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRV
Name: CARR, JAMES M
Address: 135 SAN LORENZO AVE, #740
City-St-Zip: CORAL GABLES, FL 33146

Title: V
Name: EISENACHER, HAROLD
Address: 135 SAN LORENZO AVE, STE 740
City-St-Zip: CORAL GABLES, FL 33146

Title: V
Name: GRAGG, K LAWRENCE
Address: 135 SAN LORENZO AVE, STE 750
City-St-Zip: CORAL GABLES, FL 33146

Title: V
Name: MIYARES, ANDRES
Address: 135 SAN LORENZO AVE, #740
City-St-Zip: CORAL GABLES, FL 33146

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: JAMES CARR

MGR

04/15/2011

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