FILED
Mar 27, 2006 8:00 am
Secretary of State
02-06-2006 90169 023 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L93000000180

1. Entity Name
CCL COMPETENCE CENTRE FOR LYMPHANGIOLOGY, L.C.

30005410

~~40003101~~

01272006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
11380 PROSPERITY FARMS RD. SUITE ~~217~~ # 215 PALM BEACH GARDENS, FL 33410	11380 PROSPERITY FARMS RD. SUITE ~~217~~ # 215 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0413427 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIETER A. THIEMANN, C.P.A., P.A. 11380 PROSPERITY FARMS RD. SUITE ~~217~~ # 215 PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) SUITE ~~110A~~ # 215 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00. Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGENWECK, EUGEN %11380 PROSPERITY FARMS RD., SUITE ~~217~~ PALM BEACH GARDENS, FL 33410	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ORLANDO INVESTMENTS COMPANY c/o 11380 PROSP FARMS RD 215 PALM BEACH GARDENS FL 33410	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] DIETER A. THIEMANN 1/30/06 (561) 694-1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT
300003413
MAR 20 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

CCL COMPETENCE CENTRE FOR LYMPHANGIOLOGY, L.C.
11380 PROSPERITY FARMS RD.
SUITE ~~217~~ #215
PALM BEACH GARDENS, FL 33410

Subject: **CCL COMPETENCE CENTRE FOR LYMPHANGIOLOGY, L.C.**

Reference Number: **L93000000180**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
ANNUAL REPORTS SECTION

Attachment
30003413

ATTACHMENT
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT
DOCUMENT # L93000000180
CCL COMPETNCE CENTRE FOR LYMPHANGIOLOGY, L.C.

9. MANAGING MEMBERS / MANAGERS

TITLE:	**MANAGING MEMBER**
NAME:	ORLANDO INVESTMENTS COMPANY
ST. ADDRESS	11380 PROSPERITY FARMS RD. #215
CITY/ST/ZIP	PALM BEACH GARDENS, FL 33410