


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L93000000180 1. Entity Name CCL COMPETENCE CENTRE FOR LYMPHANGIOLOGY, L.C. |  |
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| Principal Place of Business 11380 PROSPERITY FARMS RD. SUITE #215 PALM BEACH GARDENS, FL 33410 | Mailing Address 11380 PROSPERITY FARMS RD. SUITE #215 PALM BEACH GARDENS, FL 33410 |
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01032007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 65-0413427 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DIETER A. THIEMANN, C.P.A., P.A. 11380 PROSPERITY FARMS RD. SUITE #215 PALM BEACH GARDENS, FL 33410 |
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IN THIS SPACE**

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, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ORLANDO INVESTMENTS COMPANY C/O 11380 PROSP FARMS RD 215 PALM BEACH GARDENS, FL 33410 |
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MANAGER, ORLANDO INV. CO.