


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 MAR 18 AM 10:37

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L95000000663
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C.C.F. INVESTMENTS, L.C.

~~1230 HILLCREST ST.~~

~~ORLANDO FL 32803~~

~~ORLANDO FL 32803~~

501 South New York Avenue
 Winter Park, FL 32789

94-AR
 CM

1a. Principal Place of Business Address

~~1230 HILLCREST ST.~~

~~ORLANDO FL 32803~~

~~ORLANDO FL 32803~~

501 South New York Avenue
 Winter Park, FL 32789

2. Principal Place of Business		2a. Mailing Address	
501 South New York Ave.		501 South New York Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Winter Park, FL 32789		Winter Park, FL	
Zip	Country	Zip	Country
32789	Orange	32789	Orange

3. Date Organized or Qualified	3a. State of Formation
08/29/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For
59-3331691	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
03/06/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
WHITE, ROBERT B JR	Name
201 S. ORANGE AVE.	Street Address (P.O. Box Number is Not Acceptable)
STE. 100	Suite, Apt. #, etc.
ORLANDO FL 32801	City
	Zip Code
	FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROBERT P. HOLD SELF-E,	1230 HILLCREST ST.	ORLANDO FL
MEM	ADERESE CORPORATION,	501 South New York Avenue	Winter Park, FL 32789
		1230 HILLCREST ST.	ORLANDO FL
		501 South New York Avenue	Winter Park, FL 32789

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 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
