File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 9811AR 13 PM 4: 00 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100,00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600001343 1a. Principal Place of Business Address CCMD, L.C. 880 S PLEASANTBURG DR 1885 COUNTRY CLUB DRIVE BLDG 1 MT DORA FL 32757 GREENVILLE SC 29607 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Malling Address 12/22/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3417295 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country Zip \$8.75 Additional Lee Required 06/10/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name GRAHAM, JESSE E &GRAHAM, CLARK, JONES ETAL Street Address (P.O. Box Number is Not Acceptable) 369 N NEW YHORK AVE Sulte, Apt. #, etc. WINTER PARK FL 32789 Zip Code 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 _ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR DOOLITTLE, DEAN 880 S. PLEASANTBURG DRIVE GREEVILLE SC MGR TUCK, N. BARTON JR. 880 N. PLEASANTBURG DRIVE GREENVILLE SC PARKER, STEVEN A MGR 250 PARK AVENUE SOUTH WINTER PARK FL 0002459917--0 -03/17/98--01080--014_ ****188,75 ****188.75 11. I do hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: