	CE; will be despived.	pt. 0, 191) Climbell	blin Canpan,	O.	13	43	
ANNUAL REPORT 1999					FILED - 00 NOV 23 AM 3: 27			
FILING FEE					39 1			
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # 196000001343					SECRETARY OF STATE TALL AHASSEE, FLORIDA 1e. Principal Place of Business Address			
CCMD, L.C. 880 S PLEASANTBURG DR BLDG 1 GREENVILLE SC 29607					1885 COUNTRY CLUB DRIVE MT DORA FL 32757			
2 Principal Place of Business 2a. Mail			ing Address		Date Organized or Qualified 3s. State of Formation			
Suite, Apt. #, etc. Su			t. #, etc.	12/22/1996 FL				
City & State			ile		Applied For			
						59-3417295 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired		
Z _t p	Country	Zip	Cour	Tury ·	03/13/1	998		
7. Name and Address of Current Registered Agent Name					8. Name and Address of New Registered Agent/Office			
%GRAHAM 369 N N	JESSE E I, CLARK, JONES IEW YHORK AVE	Street Address (I		P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789					"			
			City			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 of 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	MIKU	Jesse	Jesse 5, Coldham			DATE 11/22/55		
10. Title	(Registered Agent Accepting Managing Members/Manager			ness Street Address	0)	City,	State and Zip Code	
flurter, Derrell			000 0 0					
MGR De	OOLITTLE, DEAN 880 S. PLEASANTI			Leasantbu	RG DRIVE	GREEVI	LLE SC	
MGR TU	IGR TUCK, N. BARTON JR. 880 N. PL			EASANTBURG DRIVE		GREENV	TILLE SC	
MGR PA	ARKER, STEVEN A		250 PARK	AVENUE S	OUTH	WINTER	PARK FL	
					90	0003i -12/06 *****!!	0608393 /9901001012 50.00 ****150.00	
11. Ido 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 invisee 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEMEN OR MANAGER Date Despire Phone #								