


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 16 PM 2: 23

<b>DOCUMENT # L99000005422</b> 1. Entity Name <b>CCB INVESTORS ASSETS MANAGEMENT, LLC</b>	
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Principal Place of Business <b>1320 TIDAL POINTE BLVD. JUPITER, FL 33477 US</b>	Mailing Address <b>1320 TIDAL POINTE BLVD. JUPITER, FL 33477 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0943452</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>BAKER, CHRIS 1320 TIDAL POINTE BLVD. JUPITER, FL 33477</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	<b>MGRM BAKER, CHRIS</b> <input type="checkbox"/> Delete <b>1320 TIDAL POINTE BOULEVARD JUPITER, FL 33477</b>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>500110263085</b>                      10/16/07--01053--024 **155.00                 </div>	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<b>MGR GULLOTTI, ANGELO</b> <input type="checkbox"/> Delete <b>27370 WINDING WAY MALIBU, CA 90265</b>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<b>MGR BAKER, WILLIAM A</b> <input type="checkbox"/> Delete <b>6473 CLEARBROOK DRIVE SAUGATUCK, MI 49453</b>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<b>MGR BAKER, MOLLY A</b> <input type="checkbox"/> Delete <b>6473 CLEARBROOK DRIVE SAUGATUCK, MI 49453</b>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	

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:** CHRIS BAKER 10/12/07 561-627-6688  
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR MANAGING MEMBER, MEMBER, OR MEMBER OF BOARD OF DIRECTORS Daytime Phone #

