


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000005422</b>	
1. Entity Name CCB INVESTORS ASSETS MANAGEMENT, LLC	

Principal Place of Business 1320 TIDAL POINTE BLVD. JUPITER, FL 33477 US	Mailing Address 1320 TIDAL POINTE BLVD. JUPITER, FL 33477 US
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0943452	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, CHRIS  
1320 TIDAL POINTE BLVD.  
JUPITER, FL 33477

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

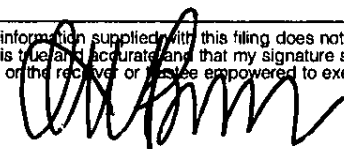
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, CHRIS 1320 TIDAL POINTE BOULEVARD JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULLOTTI, ANGELO 27370 WINDING WAY MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, WILLIAM A 6473 CLEARBROOK DRIVE SAUGATUCK, MI 49453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, MOLLY A 6473 CLEARBROOK DRIVE SAUGATUCK, MI 49453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80062-018 143.75

**DO NOT WRITE  
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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  
Chris Baker

DATE: JANUARY 10, 2008 561-627-6688  
Daytime Phone #