

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001769

1. Entity Name
CCR, L.L.C.



Principal Place of Business
1605 S. STATE STREET
CHAMPAIGN, IL 61820

Mailing Address
1605 S. STATE STREET
CHAMPAIGN, IL 61820



02202004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
00-5471150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MARINE, CHRISTOPHER H ESQUIRE
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000072537

03/01/04 08:15:00 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEELING FAMILY PARTNERSHIP 1009 W. PARK CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, RODRICK L 1605 S. STATE STREET CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENNEMAN, MICHAEL J 1605 S. STATE STREET CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAL BUILDERS, INC. 686 OLD DIXIE HIGHWAY VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #