


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/2 **FILED**
Aug 09, 2004 8:00 am
Secretary of State

07-27-2004 90001 035 ****50.00

DOCUMENT # M0300000836

1. Entity Name
CCI-GP, L.L.C.



Principal Place of Business
**14345 NORTHWEST FREEWAY
 HOUSTON, TX 77040**

Mailing Address
**14345 NORTHWEST FREEWAY
 HOUSTON, TX 77040**

34009778

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07142004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
 1333 N. DUVAL STREET
 TALLAHASSEE, FL 32303**

4. FEI Number
76-0628204

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00
 Due by September 8, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, PETER 14345 NORTHWEST FREEWAY HOUSTON, TX 77040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBRECHT, DARYN 14345 NORTHWEST FREEWAY HOUSTON, TX 77040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Pete Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/2/04 713/849 9300
Daytime Phone

**PETE BELL
 MANAGING PARTNER**