

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M04000005670**

1. Entity Name

CCF REAL ESTATE INVESTMENTS, LLC



Principal Place of Business

1055 ST PAUL PLACE  
CINCINNATI, OH 45202

Mailing Address

1055 ST PAUL PLACE  
CINCINNATI, OH 45202



01302008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2031784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TPFLA HOMES, LLC
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	MGR
NAME	MINGER, STEVE
STREET ADDRESS	7617 WETHERINGTON DRIVE
CITY-ST-ZIP	WEST CHESTER, OH 45069
TITLE	MGR
NAME	TAFT BROADCASTING, INC.
STREET ADDRESS	312 WALNUT STREET, SUITE 3550
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000833168  
02/28/08-80002-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

Neil K. Bortz 2/15/08 513-381-8696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #