

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000003549**

1. Entity Name  
**CCF REAL ESTATE INVESTMENTS II, LLC**



Principal Place of Business

**1055 ST. PAUL PLACE  
CINCINNATI, OH 45202**

Mailing Address

**1055 ST. PAUL PLACE  
CINCINNATI, OH 45202**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**84-1682743**

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 ROAD  
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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000598426  
01/24/07-80074-016 50.00

**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	JMTFLA INVESTMENTS, LLC
STREET ADDRESS	1055 ST. PAUL PLACE
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	MGR
NAME	TAFT BROADCASTING, INC.
STREET ADDRESS	321 WALNUT STREET, STE. 3550
CITY-ST-ZIP	CINCINNATI, OH 45202
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 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

Date

Daytime Phone #

**1/7/07 (513) 381-8696**