## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M06000006966

Entity Name: CCIP TAMPA, LTD. CO.

Name:

Address:

City-St-Zip:

1350 EUCLID AVE STE 800

CLEVELAND, OH 44115]

FILED Mar 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 823 CYPRESS VILLAGE BLVD SUN CITY CENTER, FL 33573 **Current Mailing Address: New Mailing Address:** 823 CYPRESS VILLAGE BLVD SUN CITY CENTER, FL 33573 FEI Number: 61-1515053 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANESE, NICHOLAS 823 CYPRESS VILLAGE BLVD SUN CITY CENTER, FL 33573 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HAUGHT, THOMAS Name: Name: 121 S. MAIN STREET, SUITE 300 Address: Address: AKRON, OH 44308 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition SCHIRALDI, RICHARD Name: Name: Address: 1350 EUCLID AVENUE, SUITE 800 Address: City-St-Zip: CLEVELAND, OH 44115 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LANESE, RICHARD Name: Name: Address: 823 CYPRESS VILLAGE BLVD Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: LANESE, NICHOLAS Name: 823 CYPRESS VILLAGE BLVD Address: Address: City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition MYEROFF, RANDY

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NICHOLAS LANESE 03/28/2009