

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002601

Entity Name: CCIP SARASOTA, LTD., LLC

FILED  
Mar 28, 2009  
Secretary of State

**Current Principal Place of Business:**

823 CYPRESS VILLAGE BLVD., SUITE C  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

823 CYPRESS VILLAGE BLVD., SUITE C  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

FEI Number: 26-2716863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

NICHOLAS LANESE  
823 CYPRESS VILLAGE BLVD  
SUN CITY, 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: NICHOLAS LANESE

03/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CCIP TAMPA, LTD.,  
Address: 823 CYPRESS VILLAGE BLVD., SUITE C  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CCIP TAMPA, LTD.

MGRM

03/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date