


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M94000000086
 1. Entity Name
 CCC INVESTMENTS I, L.L.C.



Principal Place of Business Mailing Address
 400 CENTRE ST. 400 CENTRE ST.
 NEWTON, MA 02458 NEWTON, MA 02458

DO NOT WRITE IN THIS SPACE



04192005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 35-1930956 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO HEGARTY, DAVID J 400 CENTRE ST. NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOADLEY, JOHN R 400 CENTRE ST. NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, JENNIFER B 400 CENTRE ST. NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTNOY, BARRY M 400 CENTRE ST. NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GERARD M 400 CENTRE ST. NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000362993
 05/05/05-80139-018 50.00

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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)(f), 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:  4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #