## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M94000000086

1. Entity Name



## **FILED** Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90191 047 \*\*\*158.75

617 796 8131 Daytime Phone #

CCC INVESTM	ENTS I, L.L.C					
DO I	NOT WRITE	IN THIS S	PAC	E		
2. Principal Place of Business 400 (care Street		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE
City & State Newbon MA 02458		City & State		4. FEI Number 35 - 1130156	Applied For Not Applicable	
Zip 62458	Country	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Additional Fee Required
				N1	7. Name and Address of Current Registere	
	DO_NOT_W	RITE			poretree Service Company	
	IN THIS SP			Street Address (P	O. Box Number is Not Acceptable)	
	IIV I FIIO OF	AUE Communication		1201 HA	YS STREET	
				CityTALLA	HASSEE FI	Zip Code
The above named enthe obligations of reg		the purpose of changing it	s registere		d agent, or both, in the State of Florida. I am	
SIGNATURE Signature, typ	ed or printed name of registered agent a	nd title if applicable.			DÂTE	
i	*	Make Check Payal	FEE IS ble to Flo DUE BY	orida Departmen	nt of State	
9.	MANAGING MEMBER	RS/MANAGERS			2000 C (W 0) (W 0)	
NAME STREET ADDRESS CITY-ST-ZIP	( see Attuchu	ent)				
TITLE			TITLE	1.0		19 (F)
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		
TITLE			TITLE	ACEPHOROGRAPHIA POR PROVINCE AND		
NAME STREET ADDRESS			NAME STREE	ET ADDRESS	DO NOTUE	
CITY-ST-ZIP-				ST-ZIP	DO NOT WRI	le en
TITLE			TITLE NAME		IN THIS SPA	CE
STREET ADDRESS			STREE	T ADDRESS		
CITY-ST-ZIP			\$5450\$\$\$ \$4450\$\$\$	ST-ZIP		
NAME			TITLE NAME			
STREET ADDRESS CITY-ST-ZIP				T AODRESS ST-Zip		
TITLE			MILE	SI-UE		
NAME			NAME	metalistic state of the second		en per en
STREET ADDRESS CITY-ST-ZIP			THE PROPERTY OF	T ADDRESS ST-ZIP		
indicated on this red	the information supplied with to ort is true and accurate and to any or the receiver or trustee	hat my signature shall have	the same	legal effect as if ma	tion 119.07(3)(i), Florida Statutes. I further ce ade under oath; that I am a managing memb ir 608, Florida Statutes.	ortify that the information per or manager of the

Tress /CFO

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**CCC Investments I, LLC** 

400 Centre Street Newton, MA 02458

FEIN:

35-1930956

## **Corporate Officers**

Name	Title	Business Address				
David J. Hegarty	President, Chief	400 Centre Street				
	Operating Officer and Secretary	Newton, MA 02458				
John R. Hoadley	Treasurer	400 Centre Street				
•		Newton, MA 02458				
Jennifer B. Clark	Ass't Secretary	400 Centre Street				
		Newton, MA 02458				
Directors						
Name	Title	Business Address				
Barry M. Portnoy	Director	400 Centre Street				
	•	Newton, MA 02458				
Gerard M. Martin	Director	400 Centre Street				
		Newton, MA 02458				