


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000000429 1. Entity Name C&C INVESTOR GROUP, LLC |  |
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|--|--|
| Principal Place of Business 3822 WEST 12TH AVE. HIALEAH FL 33012 | Mailing Address 3822 WEST 12TH AVE. HIALEAH FL 33012 |
|--|--|



MOORE CR2E083 (11/03)

| | | | |
|--------------------------------|--------------------|--|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | Suite, Apt #, etc. | 11-3642553 | <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country |

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.
1221 BRICKELL AVE. SUITE 2100
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|---|-----------------------|---|
| TITLE NAME | MGR CAPARROS, MARTIN JR. <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 10221 EAST BROADVIEW DRIVE | STREET ADDRESS | U00000039822 |
| CITY - ST - ZIP | BAY HARGOR ISLAND FL 33154 | CITY - ST - ZIP | 02/09/04-80019-013 55.00 |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____