


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000021247 |  |
| 1. Entity Name C & C ENTERPRISES, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 136 TONEY PENNA DRIVE JUPITER, FL 33458 | Mailing Address 136 TONEY PENNA DRIVE JUPITER, FL 33458 |
|---|---|

DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC CR2E083 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 05-0578505 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CAPASSO, THOMAS
136 TONEY PENNA DRIVE
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000608148
02/01/07-80023-006 150.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CAPASSO, THOMAS 136 TONEY PENNA DRIVE JUPITER, FL 33458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAPASSO, JOSEPH R 136 TONEY PENNA DR JUPITER, FL 33458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CAPASSO, VALERIE 136 TONEY PENNA DR JUPITER, FL 33458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* _____ *1/25/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #