



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 039 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 125 VENUS ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Jupiter		City & State	
Zip 33458	Country FL	Zip	Country
6. Name and Address of Current Registered Agent CAPASSO, THOMAS 136 TONEY PENNA DRIVE JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 125 VENUS ST City Jupiter FL Zip Code 33458	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPASSO, THOMAS		NAME	
STREET ADDRESS 136 TONEY PENNA DRIVE		STREET ADDRESS	
CITY-ST-ZIP JUPITER, FL 33458		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPASSO, JOSEPH R P		NAME	
STREET ADDRESS 136 TONEY PENNA DR		STREET ADDRESS	
CITY-ST-ZIP JUPITER, FL 33458		CITY-ST-ZIP	
TITLE VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPASSO, VALERIE		NAME	
STREET ADDRESS 136 TONEY PENNA DR		STREET ADDRESS	
CITY-ST-ZIP JUPITER, FL 33458		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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: 		Date: 4/17/08 561-747-3212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	