2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005416

1. Entity Name
C & T INVESTMENTS NORTHWEST FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444	1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

02162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, JEAN F
1610 TENNESSEE AVENUE
LYNN HAVEN, FL 32444

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 _____ DATE
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, 2004

U00000125380
04/22/04-80083-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TILLMAN, JEAN F
STREET ADDRESS	1610 TENNESSEE AVENUE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	MGRM
NAME	TILLMAN, JEAN F
STREET ADDRESS	1610 TENNESSEE AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 850-265-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #