


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009248		
1. Entity Name C PROPERTY MANAGEMENT, LLC		
Principal Place of Business 4797 GOODWIN AVENUE SUITE 2 JACKSONVILLE, FL 32210	Mailing Address 4797 GOODWIN AVENUE SUITE 2 JACKSONVILLE, FL 32210	
DO NOT WRITE IN THIS SPACE		



04042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3664419	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 CASLER, DEBORAH L 1222 PRINCE ROAD ST. AUGUSTINE, FL 32086	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASLER, DEBORAH L 4797 GODWIN AVENUE JACKSONVILLE, FL 32210
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-8-05 904 669 7860