

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016323

Entity Name: C&M MANAGEMENT, LLC

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

2400 BEL AIR CIRCLE
KISSIMMEE, FL 34743

New Principal Place of Business:

1890 TYNER ROAD
HAINES CITY, FL 33844

Current Mailing Address:

P.O. BOX 450986
KISSIMMEE, FL 34745

New Mailing Address:

1890 TYNER ROAD
HAINES CITY, FL 33844

FEI Number: 59-3689893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, MAUREEN
2400 BEL AIR CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

HINES, MAUREEN
1890 TYNER ROAD
HAINES CITY, FL 33844 US

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.

SIGNATURE: MAUREEN HINES

04/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: HINES, MAUREEN
Address: 2400 BEL AIR CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: HINES, COLIN
Address: 2400 BEL AIR CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HINES, MAUREEN
Address: 1890 TYNER ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: MGR (X) Change () Addition
Name: HINES, COLIN
Address: 1890 TYNER ROAD
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAUREEN HINES

MGR

04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date