

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000008393

1. Entity Name
C.T.C. 1300, L.L.C.



Principal Place of Business
PO BOX 1208
BOCA RATON, FL 33429

Mailing Address
PO BOX 1208
BOCA RATON, FL 33429

DO NOT WRITE IN THIS SPACE



03282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1107029

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNOW, JEFFREY E
781 SW 2ND STREET
BOCA RATON, FL 33486

**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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOWMAN, RICHARD E
ROUTE 1, BOX 295
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KNIGHT, JAMES W
740 HAVANA DRIVE
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SNOW, JEFFREY E
PO BOX 1208
BOCA RATON, FL 33429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000300473
04/12/05-80021-016 55.00

**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:

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

Date

Daytime Phone #

Jeff Snow

3/28/05 (561) 392-5586