2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010572

1. Entity Name
C ROAD, LLC.

Principal Place of Business	Mailing Address
8862 ESTATES DR WEST PALM BEACH, FL 33411	8862 ESTATES DR WEST PALM BEACH, FL 33411

2002642フ

DO NOT WRITE IN THIS SPACE

03032005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
01-0556282		Not Applicable

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

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6. Name and Address of Current Registered Agent

KURTZ, JOHN
1280 NO. CONGRESS AVE. #107
WEST PALM BEACH, FL 33409

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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 _____

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	MGRM
NAME	HASTINGS, PATRICIA
STREET ADDRESS	8862 ESTATES DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   3/24/05   718 8573   561/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #