

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90051 023 \*\*\*\*50.00

**DOCUMENT # L02000002897**

1. Entity Name  
**C & C DEVELOPMENT, L.L.C.**



Principal Place of Business  
**12555 ORANGE DR. SUITE 108  
DAVIE, FL 33330**

Mailing Address  
**12555 ORANGE DR. SUITE 108  
DAVIE, FL 33330**

**20040556**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

**03-0443743**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**CALIS, EMANUEL G  
12555 ORANGE DRIVE  
SUITE 108  
DAVIE, FL 33330**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **CALLIS, EMANUEL**  
STREET ADDRESS **12555 ORANGE DR. SUITE 108**  
CITY-STATE-ZIP **DAVIE, FL 33330**

TITLE ☐ Change ☐ Addition  
NAME **CALIS**  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **MGRM** ☐ Delete  
NAME **CIRERA, PEDRO JR.**  
STREET ADDRESS **12555 ORANGE DR. SUITE 108**  
CITY-STATE-ZIP **DAVIE, FL 33330**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*managing member*

*4/22/05 954-222-0063*