

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003852

1. Entity Name  
C & C REALTY INVESTMENTS, L.L.C.



Principal Place of Business  
1587 S.W. 4TH AVENUE  
DELRAY BEACH, FL 33444 US

Mailing Address  
1587 S.W. 4TH AVENUE  
DELRAY BEACH, FL 33444 US

**FILED**  
07 APR 27 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03062007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number  
65-1177303

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CASAGRANDE, CARL  
1587 SW 4TH AVE.  
DELRAY BEACH, FL 33444

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHAVEZ, MARIO  
1587 S.W. 4TH AVENUE  
DELRAY BEACH, FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CASAGRANDE, CARL  
1587 S.W. 4TH AVENUE  
DELRAY BEACH, FL 33444

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STREET ADDRESS  
CITY-ST-ZIP

600103029296  
05/22/07--01042--002 \*\*250.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mario Chavez 4/17/2007 (501) 274-8505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #