

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005064

FILED
Mar 19, 2004
Secretary of State

Entity Name: C C & R ENTERPRISES, L.L.C.

Current Principal Place of Business:

1872 WILBUR AVE.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1872 WILBUR AVE.
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 01-0626140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, LAWRENCE Y
817 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

WOOD, REX C
14475 97TH STREET
FELLSMERE, FL 32948 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: REX C. WOOD

03/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WOOD, REX C
Address: 14475 97TH STREET
City-St-Zip: FELLSMERE, FL 32948

Title: MGRM () Delete
Name: BROWN, CARY A
Address: 14670 101ST
City-St-Zip: FELLSMERE, FL 32948

Title: MGRM (X) Delete
Name: MOODY, CHESTER L
Address: 106 20TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REX C. WOOD

MGRM

03/19/2004

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