


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90074 011 \*\*\*\*50.00

DOCUMENT # L02000007021 1. Entity Name CC&S PROPERTIES, LLC	
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Principal Place of Business 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216	Mailing Address 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216
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20005941



**DO NOT WRITE IN THIS SPACE**

01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0646970	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CULPEPPER, ROBERT A JR. 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CULPEPPER INC. 4496 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUGGS, ALLEN D JR. 8640 PHILIPS HIGHWAY SUITE 20 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CULPEPPER, ROBERT A JR. 4496 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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: <i>Robert A. Culpepper Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>Managing Member (204) 642-1794</i> <small>Date Daytime Phone #</small>
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