


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013593 1. Entity Name C & M ASSETS, L.L.C.	
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Principal Place of Business 43 JET DRIVE FORT WALTON BEACH, FL 32548	Mailing Address 43 JET DRIVE FORT WALTON BEACH, FL 32548
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02262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0716612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2004**

000000086922
03/12/04-80043-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNORS, DAVID M 43 JET DRIVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, TIMOTHY J 43 JET DRIVE FORT WALTON BEACH, FL 32548
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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:  **3/5/04 850-244-9095**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #