2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L02000014079

Entity Name: C & R ENTERPRISES, LLC

Current Principal Place of Business:

1112 NW 24TH AVE.
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

1112 NW 24TH AVE.
OCALA, FL 34475

New Mailing Address:

FEI Number: 47-0873478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTTS, ROBERT P
FISHER & BUTTS, P.A.
5203 SW 91ST TERRACE, STE. D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: VP ( ) Delete
Name: PHILLIPS, CAROL M
Address: 1112 NW 24TH AVE
City-St-Zip: OCALA, FL 34475

Title: MGR ( ) Delete
Name: PHILLIPS, JEFFERY A
Address: 1112 NW 24TH AVE
City-St-Zip: OCALA, FL 34475

Title: MGR (X) Delete
Name: PHILLIPS, ROY D
Address: 1112 NW 24TH AVE
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PHILLIPS, CAROL M
Address: 1112 NW 24TH AVE
City-St-Zip: OCALA, FL 34475

Title: MGRM (X) Change ( ) Addition
Name: PHILLIPS, JEFFERY A
Address: 1112 NW 24TH AVE
City-St-Zip: OCALA, FL 34475

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL PHILLIPS MGRM 04/27/2009

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