2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014572

1. Entity Name
FOUR C PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
7369 WESTPORT PLACE WEST PALM BEACH, FL 33413	7369 WESTPORT PLACE WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

04162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3698638
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNWELL, CHARLES C
7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is $50.00
Due by May 1, 2004

U00000122706
04/21/04-80039-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CORNWELL, CHARLES
STREET ADDRESS	7369 WESTPORT PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	VC
NAME	CORNWELL, JR., GEORGE
STREET ADDRESS	15751 AUGUSTINE AVE.
CITY-ST-ZIP	LOS GATOS, CA 95030
TITLE	S
NAME	CORNWELL, TIMOTHY
STREET ADDRESS	8275 SOUTH BATES ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Charles C. Cornwell 4/16/04 561-845-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #