
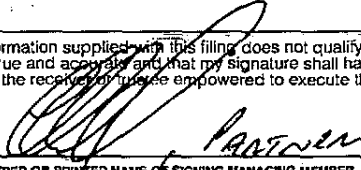


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000014572 1. Entity Name FOUR C PROPERTIES, L.L.C.		
Principal Place of Business 7369 WESTPORT PLACE WEST PALM BEACH, FL 33413	Mailing Address 7369 WESTPORT PLACE WEST PALM BEACH, FL 33413	
DO NOT WRITE IN THIS SPACE		
		01052005No Chg-LLC CR2E083 (10/03)
		4. FEI Number 04-3698638
		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORNWELL, CHARLES 7369 WESTPORT PLACE WEST PALM BEACH, FL 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CORNWELL, JR., GEORGE 15751 AUGUSTINE AVE. LOS GATOS, CA 95030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORNWELL, TIMOTHY 8275 SOUTH BATES ROAD 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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1.14.05 561 845-0123 <small>Daytime Phone #</small>