

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016728

Entity Name: C & T INVESTMENT LLC

FILED  
Jan 06, 2004  
Secretary of State

**Current Principal Place of Business:**

203 PRIMROSE AVENUE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

437 WOLDUNN CIRCLE  
LAKE MARY, FL 327465912

**New Mailing Address:**

PO BOX 1827  
PALM CITY, FL 349916827

FEI Number: 05-0522598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOTNICK, DAVID J  
437 WOLDUNN CIRCLE  
LAKE MARY, FL 327465912 US

**Name and Address of New Registered Agent:**

BLOTNICK, DAVID J  
PO BOX 1827  
PALM CITY, FL 349916827 US

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: DAVID BLOTNICK

01/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BLOTNICK, DAVID J MR.  
Address: 437 WOLDUNN CIRCLE  
City-St-Zip: LAKE MARY, FL 327465912

Title: MGR ( ) Delete  
Name: BLOTNICK, CHARLES A DR.  
Address: 1615 HUGH FOREST RD  
City-St-Zip: CHARLOTTE, NC 28270

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BLOTNICK, DAVID J MR.  
Address: PO BOX 1827  
City-St-Zip: PALM CITY, FL 349916827

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID BLOTNICK

MGR

01/06/2004

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