


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018626 1. Entity Name C.A.C., LLC	
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Principal Place of Business 15047 ALTMAN ROAD MYAKKA CITY, FL 34251	Mailing Address 15047 ALTMAN ROAD MYAKKA CITY, FL 34251
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 11-3645108	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 BARNES, GARRET T ESQUIRE 3119 MANATEE AVENUE WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000174061
01/07/05-80045-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CISLO, ALICE 15047 ALTMAN ROAD MYAKKA CITY, FL 34251
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/4/2005 941-739-6336 <small>Date Daytime Phone #</small>
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