

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

DOCUMENT # L02000025168

1. Entity Name

THREE C PROPERTIES, L.L.C.



Principal Place of Business

**7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413 US**

Mailing Address

**7369 WESTPORT PLACE
WEST PALM BEACH, FL 33413 US**



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2300388

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CORNWELL, CHARLES
STREET ADDRESS	7369 WESTPORT PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	CT
NAME	CORNWELL, CHARLES
STREET ADDRESS	7369 WESTPORT PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	C
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	

**U000000201943
01/28/05-80085-016 50.00**

**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:

C. Cornwell
Managing Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1.14.05

561-845-0123