

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90307 010 ***55.00

DOCUMENT # **LO 20000 279 07**

1. Entity Name

C & C PROPERTIES OF OCALA, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9086W-ATLAS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

721 SE 52 COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA FL

City & State

OCALA FL 34471

4. FEI Number

352187285

Applied For

Not Applicable

Zip

34448

Country

CITRUS

Zip

Country

FLORIDA

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SID E CLEVENGER

Street Address (P.O. Box Number is Not Acceptable)

721 SE 52 COURT

OCALA FL

City

FL

Zip Code

34471

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER SID CLEVENGER 721 SE 52 CT OCALA FLA 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER GORDON CLARK 18 NE SE COND ST CRYSTAL RIVER FLA 34425	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/8/03

Date

Daytime Phone #

352 7942830

CR2E083B (12/02)