2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005976

1. Entity Name

C & C MOORE INVESTMENTS, LLC



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5329 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786

5329 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786



NOT MOTE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 51-0448510

In his one while industry of the line in

isan dan juga perumpakan dan Mandal da. Mangarakan dan menganan dan Mandal dan sebagai perumpakan dan sebagai pengan berangan berangan berangan berang Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

MOORE, CECIL D 5329 ISLEWORTH COUNTRY CLUB DRIVE WINDERMERE, FL 34786

DO NOT WRITE

8. The above named entity submits this statement for the purpose of changing its registered office or r	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

000000671721 03/28/07-80040-018 50.00

Filing Fee is \$50.00 Due by May 1, 2007

9,	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	MOORE, CECIL D	
STREET ADDRESS	5329 ISLEWORTH COUNTRY CLUB DR.	Į
CITY-ST-ZIP	WINDERMERE, FL 34786	i
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		1
TITLE		
NAME		ľ
= STREET ADDRESS		1
CITY-ST-ZIP		ļ
TITLE		
NAME	1	
STREET ADDRESS		
CITY-ST-ZIP		ľ
TITLE		
NAME		

DO NOT WRITE
IN THIS SPACE

Bearing of the fight the sample in the first of the same state of

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: 4

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

PED OR RINT

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REP

3-150

407.9091437

Date

Daytime Phone #