## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPE

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## Mar 08, 2004 8:00 am **Secretary of State DOCUMENT # L03000009206** 03-08-2004 90275 003 \*\*\*\*50.00 C & T PROPERTY INVESTMENT, LLC Principal Place of Business Mailing Address SELVIURA 1810 OCEANVIEW DRIVE 1810 OCEANVIEW DRIVE TIERRA VERDE, FL 33715 TIERRA VERDE, FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 Cha-LLC CR2E083 (10/03) 4. FEI Number 26-006/ City & State City & State Applied For Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONG TEPHEN L SMITH. Street Address (P.O. Box Number is Not Acceptable) 5633 LANUERTA DELSOL BLVD., #304 ST. PETERSBURG, FL 33715 OCEANVIEW DRIVE 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addition MGRM Delete 🖈 TITLE TITLE J&S MANAGEMENT, LC NAME NAME STREET ADDRESS 1810 OCEANVIEW DRIVE STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP MGRM Delete TITLE ☐ Change ☐ Addition TITLE NAME CENDST, INC. NAME 5633 LAPUERTA DEL SOL BLVD., #304 STREET ADORESS STREET ADDRESS ST. PETERSBURG, FL 33711 CITY-ST-ZIP CITY-ST-7IP MANAGING ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME TYNE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAGING MEMBER ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #