## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Feb 03, 2005 08:00 AM **DOCUMENT # L03000009206 Secretary of State** 1. Entity Name C & T PROPERTY INVESTMENT, LLC Principal Place of Business Mailing Address 1810 OCEANVIEW DRIVE 1810 OCEANVIEW DRIVE TIERRA VERDE, FL 33715 TIERRA VERDE, FL 33715 01302005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 26-0061851 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LONG, JOHN 1810 ÓCEANVIEW DRIVE ST. PETERSBURG, FL 33715 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 CATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005

U00000212961 02/03/05-80052-002 55.00

Applied For

Not Applicable

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| 9.   | MANAGING MEMBERS/MANAGERS  | ,             |
| NAME STREET ADDRESS CITY-SF ZIP  | MGRM MANDEL, JOEL 11 RIVERSIDE DR UNIT 14NE NEW YORK, NY 10023     |               |
| TITLE NAME STREET ADDRESS GITY: ST-ZIP   | MGRM<br>LONG, JOHN<br>1810 OCEANVIEW DR.<br>TIERRA VERDE, FL 33715 |               |
| TITLE RAME STREET ADDRESS CITY-ST-ZIP  | -  | DO NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY ST-ZIP  |  | IN THIS SPACE |
| 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). Fiorida Statutes, I further certify that the information |  |               |

indicated on this report is true and accurate and that fifty 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dayl re Phone #