

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90043 022 ****50.00

DOCUMENT # L03000031474



1. Entity Name
C & D ASSOCIATES, LLC

Principal Place of Business
**5379 ISLEWORTH COUNTRY CLUB DR.
 WINDERMERE, FL 34786**

Mailing Address
**5379 ISLEWORTH COUNTRY CLUB DR.
 WINDERMERE, FL 34786**

20062129



2. Principal Place of Business

3. Mailing Address

07062005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
20-0171310

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHINS, ROBERT J
 400 WYMORE RD., STE. 110
 WINTER PARK, FL 32789**

Name **ROHE, CHARLES H.**

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

5379 ISLEWORTH CC DRIVE

City **WINDERMERE**

FL

Zip Code **34786**

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 September 7, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
 NAME **ROHE, CHARLES H**
 STREET ADDRESS **5379 ISLEWORTH C.C.DR.**
 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **MGR** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: Charles H. Rohe 7/8/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

407-876-4192
 Date Daytime Phone #