


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # L03000031474</b><br>1. Entity Name<br><b>C &amp; D ASSOCIATES, LLC</b> |  |
|--|--|

|   |   |
|---|---|
| Principal Place of Business<br><b>5379 ISLEWORTH COUNTRY CLUB DR.<br/>WINDERMERE FL 34786</b> | Mailing Address<br><b>5379 ISLEWORTH COUNTRY CLUB DR.<br/>WINDERMERE FL 34786</b> |
|---|---|



|                                |                     |         |
|--------------------------------|---------------------|---------|
| 2. Principal Place of Business | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |         |
| City & State                   | City & State        |         |
| Zip                            | Country             | Zip     |
|                                |                     | Country |

1st MOORE      CR2E083 (10/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>20-0171310</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

**ROHE, CHARLES H  
5379 ISLEWORTH CC DRIVE  
WINDERMERE FL 34786**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                        |  |
|---|--|
| TITLE<br><b>MGR</b> <input type="checkbox"/> Delete |  |
| NAME<br><b>ROHE, CHARLES H</b>                      |  |
| STREET ADDRESS<br><b>5379 ISLEWORTH C.C.DR.</b>     |  |
| CITY-ST-ZIP<br><b>WINDERMERE FL 34786</b>           |  |
| TITLE<br><input type="checkbox"/> Delete            |  |
| NAME  |  |
| STREET ADDRESS                                      |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> Delete            |  |
| NAME  |  |
| STREET ADDRESS                                      |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> Delete            |  |
| NAME  |  |
| STREET ADDRESS                                      |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> Delete            |  |
| NAME  |  |
| STREET ADDRESS                                      |  |
| CITY-ST-ZIP   |  |

| 10. ADDITIONS/CHANGES   |  |
|---|--|
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Add |  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

U00000487397  
04/13/06-80076-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles H. Rohe      3/26/06 487846 419