2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L03000034355

Entity Name: C & M DEVELOPERS, LLC

Current Principal Place of Business:

608 SW 4TH AVENUE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

608 SW 4TH AVENUE
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 20-0235884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUFFIA, GIANCARLO
608 SW 4TH AVENUE
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CUFFIA, GIANCARLO
Address: 608 SW 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR ( ) Delete
Name: MENDEZ, JULIO
Address: 608 SW 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MENDEZ, JULIO
Address: 608 SW 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGRM ( ) Change (X) Addition
Name: LA PORT HOLDINGS, LL, C
Address: 10090 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIANCARLO CUFFIA MGR 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date