

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

50

DOCUMENT # L03000039953	
1. Entity Name ANNETTE C, LLC	



Principal Place of Business 9155 CARTER ROAD BROOKSVILLE, FL 34601-1251 US	Mailing Address 20220 MANECKE ROAD BROOKSVILLE, FL 34601-1251 US
--	--

DO NOT WRITE IN THIS SPACE

FILED
07 MAY -9 PM 3: 39

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CARTER, ANNETTE W 20220 MANECKE ROAD BROOKSVILLE, FL 34601-1251
--

DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, ANNETTE W 20220 MANECKE ROAD BROOKSVILLE, FL 346011251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

300103099529
05/23/07--01019--016 **350.00

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

SIGNATURE: *[Signature]* 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #