

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000047743

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** C & D ACRES, LC

**Current Principal Place of Business:**

417 NE CR 255  
LEE, FL 32059 US

**New Principal Place of Business:**

361 NE GLADIOLI DR  
LEE, FL 32059 US

**Current Mailing Address:**

417 NE CR 255  
LEE, FL 32059 US

**New Mailing Address:**

361 NE GLADIOLI DR  
LEE, FL 32059 US

**FEI Number:** 01-0802798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUTCHESON, CHARLES  
417 NE CR 255  
LEE, FL 32059 US

**Name and Address of New Registered Agent:**

HUTCHESON, CHARLES  
361 NE GLADIOLI DR  
LEE, FL 32059 US

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: CHARLES HUTCHESON

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HUTCHESON, CHARLES B  
Address: 417 NE CR 255  
City-St-Zip: LEE, FL 32059 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES HUTCHESON

MGRM

04/30/2004

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