2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2005
Secretary of State

DOCUMENT# L03000049645

Entity Name: C C & Y LIMITED COMPANY

Current Principal Place of Business:

5815 24TH STREET
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

5815 24TH STREET
VERO BEACH, FL 32966

New Mailing Address:

FEI Number: 20-0584217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YAWN, TILARA E
5815 24TH STREET
VERO BEACH, FL 32966 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/MEMBERS:

Title: MGRM ( ) Delete
Name: YAWN, TILARA E
Address: 5815 24TH STREET
City-St-Zip: VERO BEACH, FL 32966

Title: MGRM ( ) Delete
Name: COFFEY, GLENDA J
Address: 6420 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM ( ) Delete
Name: COFFEY, JOSEPH D
Address: VIA NOMENTA 248, APT. #30
City-St-Zip: ROME, IT 44030 EU

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: COFFEY, JOSEPH D
Address: 13309 GLEN ECHO CIRCLE APT. 201
City-St-Zip: HERNDON, VA 20171

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: TILARA E YAWN MGRM 04/17/2005

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