


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L04000015429</b> 1. Entity Name <b>C &amp; C PLAZA, LLC</b>	
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Principal Place of Business <b>1034 SEMORAN BLVD. CASSELBERRY, FL 32707</b>	Mailing Address <b>1034 SEMORAN BLVD. CASSELBERRY, FL 32707</b>
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**DO NOT WRITE IN THIS SPACE**



01152006No Chg-LLC

CR2E083 (11/05)

4. FEL Number <b>80-0099210</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HWANG, YOUNG SIG 1034 SEMORAN BLVD. CASSELBERRY, FL 32707</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HWANG, YOUNG SIG 1034 SEMORAN BLVD. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIM, YOUNG B 5600 PERSHING AVE ORLANDO, FL 32822
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U00000459545  
03/18/06-80038-005 50.00

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 603, Florida Statutes.

SIGNATURE: Young Sig Hwang Mar. 06 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #