2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015429

1. Entity Name C & C PLAZA, LLC



Mailing Address Principal Place of Business

1034 SEMORAN BLVD. CASSELBERRY, FL 32707 1034 SEMORAN BLVD. CASSELBERRY, FL 32707

FILED Feb 14, 2007 08:00 AM **Secretary of State**



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01162007 No Chg-LLC 4. FEI Number Applied For 80-0099210 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

HWANG, YOUNG SIG 1034 SEMORAN BLVD. CASSELBERRY, FL 32707

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

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The above named entity submits this statement for the purpose of chan the obligations of registered agent.	ging its registered office or registered agent, or both, in	the State of Fiorida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

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

U00000634938 02/22/07-80034-024 50.00

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11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE