2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L04000033056 1. Entity Name C3 ASSOCIATES, LLC Principal Place of Business Mailing Address 2255 CRESCENT DRIVE 2255 CRESCENT DRIVE MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 04182006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1079134 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASP, MARK A DO NOT WRITE 32506 C.R. 473 LEESBURG, FL 34788 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 regulard when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE CASP, MARK A NAME STREET ADDRESS 3303 KARL COURT CITY-ST-ZIP LEESBURG, FL 34788 02\06\06-RNARP-AST 20\M TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

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

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING A MBER, OR AUTHORIZED REPRESENTATIVE