

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90347 021 ****50.00

DOCUMENT # L04000033056					
1. Entity Name C3 ASSOCIATES, LLC					
Principal Place of Business 2255 CRESCENT DRIVE MOUNT DORA, FL 32757			Mailing Address 2255 CRESCENT DRIVE MOUNT DORA, FL 32757		
2. Principal Place of Business - No P.O. Box # 33506 CR 473		3. Mailing Address PO Box 895250			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LEESBURG, FL		City & State LEESBURG, FL		4. FEI Number 20-1079134	
Zip 34788		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASP, MARK A 32506 C.R. 473 LEESBURG, FL 34788		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: <u>Mark A Casp</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASP, MARK A 3303 KARL COURT LEESBURG, FL 34788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASP, MARK A 3303 KARL COURT LEESBURG, FL 34788	
	Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
SIGNATURE: <u>Mark A Casp</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					