2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037566

1. Entity Name
COTTON & COMPANY REAL ESTATE, LLC



FILED Jan 10, 2005 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

1535 KILLEARN CENTER BLVD., UNIT A-1 TALLAHASSEE, FL 32309 Mailing Address

1535 KILLEARN CENTER BLVD., UNIT A-1 TALLAHASSEE, FL 32309



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01062005No Chg-LLC CF

CR2E083 (10/03)

4. FEI Number 34-2005379 Applied For Not Applicable

5. Certificate of Status Desired

55.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN S 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309

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the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COTTON, RUSSELL 1535 KILLEARN CENTER BLVD., ÜNIT A-1 TALLAHASSEE, FL 32309	<u> </u>	U00000176182 01/10/05-80082-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE RAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify 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 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.			

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