


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90086 036 \*\*\*\*\*50.00

<b>DOCUMENT # L04000040040</b> 1. Entity Name <b>C&amp;D PROPERTIES, LLC</b>			
Principal Place of Business <b>1409 INVERNESS ROAD</b> <b>LYNN HAVEN, FL 32444 US</b>		Mailing Address <b>1409 INVERNESS ROAD</b> <b>LYNN HAVEN, FL 32444 US</b>	
2. Principal Place of Business - No P.O. Box # <b>203 Aberdeen Pkwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>203 Aberdeen Pkwy</b> Suite, Apt. #, etc.	
City & State <b>Panama City, FL</b> Zip <b>32405</b> Country <b>US</b>		City & State <b>Panama City, FL</b> Zip <b>32405</b> Country <b>US</b>	
4. FEI Number <b>20-1172030</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		01102007 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>HARRISON, FRANKLIN R</b> <b>304 MAGNOLIA AVENUE</b> <b>PANAMA CITY, FL 32401</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FOREHAND, CHRISTOPHER</b> <b>1409 INVERNESS ROAD</b> <b>LYNN HAVEN, FL 32444</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Forehand, Christopher</b> <b>308 Meadowood Ct.</b> <b>Lynn Haven, FL 32444</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BROWN, DAVID</b> <b>5414 HOPETOWN LANE</b> <b>PANAMA CITY BEACH, FL 32405</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		1/18/07 850.596.1235 Date Daytime Phone #	