

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90286 045 ****50.00

DOCUMENT # L04000053408

1. Entity Name
C & C TALLAHASSEE PROPERTIES, LLC



Principal Place of Business
**7004 SPENCER DRIVE
 TALLAHASSEE, FL 32312**

Mailing Address
**7004 SPENCER DRIVE
 TALLAHASSEE, FL 32312**

20025006



2. Principal Place of Business
2408 West Plaza Dr.

3. Mailing Address
2408 West Plaza Dr.

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

03252005 Chg-LLC CR2E083 (10/03)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
20-2537402

Applied For
 Not Applicable

Zip
32308

Country
USA

Zip
32308

Country
USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CALHOUN, D. VAN
7004 SPENCER DRIVE
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2408 West Plaza Dr.

Suite A

City
Tallahassee

FL Zip Code
32308

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 *D. Van Calhoun* DATE 3-25-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALHOUN, D. VAN 7004 SPENCER DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUMMINGS, JEREMY R 7004 SPENCER DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2408 West Plaza Dr. Suite A Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2408 West Plaza Dr. Suite A Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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.

D. Van Calhoun
 SIGNATURE: *D. Van Calhoun* DATE 3-25-05 DAYTIME PHONE # 850-893-9249

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