2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066069

Entity Name: C-ME, LLC

City-St-Zip:

FORT MYERS, FL 33919

FILED Feb 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4609 LAMBERT PLACE 4609 LAMBERT PLACE ALEXANDRIA, VA 22206 ALEXANDRIA, VA 22311 **Current Mailing Address: New Mailing Address:** 4609 LAMBERT PLACE ALEXANDRIA, VA 22311 FEI Number: 20-1640481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, WILLIAM R 8191 COLLEGE PARKWAY #204 FORT MYERS, FL 33919 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ASH, MONICA M M Name: Name: Address: 4609 LAMBERT PLACE Address: City-St-Zip: ALEXANDRIA, VA 22311 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: ASH, ERIC J Name: Address: 4609 LAMBERT PLACE Address: City-St-Zip: ALEXANDRIA, VA 22311 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JENNINGS, CHRISTINE E Name: Name: Address: 8751 WESLEYAN DRIVE, #1817 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: MONICA ASH MGRM 02/18/2007