

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075466

1. Entity Name
C & D NAUHLUS PROPERTIES, LLC



Principal Place of Business

**13596 154TH PLACE NORTH
JUPITER FARMS, FL 33478 US**

Mailing Address

**13596 154TH PLACE NORTH
JUPITER FARMS, FL 33478 US**



03282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
20-1761551

Applied For
Not Applicable

5. Certificate or Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUNDMACHER, CHARLES T
13596 154TH PLACE NORTH
JUPITER FARMS, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

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

Signature of person or principal name of registered agent and full legal name

(NOTE: Registered agent's name required on return filing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SUNDMACHER, CHARLES T
STREET ADDRESS	13596 154TH PLACE NORTH
CITY-STATE-ZIP	JUPITER FARMS, FL 33478
TITLE	MGRM
NAME	MICHAELS, DARYL
STREET ADDRESS	13596 154TH PLACE NORTH
CITY-STATE-ZIP	JUPITER FARMS, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000493115
04/19/06-80091-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: **Charles Sundmacher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/6/06
Date

561-512-3034
Daytime Phone #