

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079702

FILED
Mar 16, 2005
Secretary of State

Entity Name: JC ENTERPRISE AND INVESTMENT L.L.C.

Current Principal Place of Business:

2900 14TH ST N #43
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2900 14TH ST N #43
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-2503802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUPLAN, JEAN-CLAUDE
117 BLUE RIDGE DR
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: BEAUPLAN, JEAN-CLAUDE
Address: 117 BLUE RIDGE DR
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: BEAUPLAN, ELIJAH C
Address: 117 BLUE RIDGE DR
City-St-Zip: NAPLES, FL 34112

Title: MGRM (X) Delete
Name: JEAN, LOUISETTE PETI
Address: 117 BLUE RIDGE DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JEAN, LOUISETTE PET
Address: 117 BLUE RIDGE DR
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JEAN-CLAUDE BEAUPLAN

MGR

03/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date