


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90101 046 \*\*\*\*50.00

DOCUMENT # L04000088906	
1. Entity Name C & A WAREHOUSES, L.L.C.	

Principal Place of Business 500 N.E. 8TH AVENUE OCALA, FL 34470-5345	Mailing Address <del>500 N.E. 8TH AVENUE</del> <del>OCALA, FL 34470-5345</del> 4110 SW 5th Ave. Ocala, FL 34474
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01062007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2443207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AMATEA, FRANK C  
 500 N.E. 8TH AVENUE  
 OCALA, FL 34470-5345

**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 FRANK C. Amatea DATE 2/9/07

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>DOBBS DEBRA J</del> 500 N.E. 8TH AVENUE <i>new address</i> OCALA, FL 344705345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cobb, Debra J. 4110 SW 5th Ave. Ocala, FL 34474
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**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: Debra J. Cobb Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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