

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


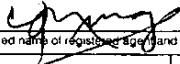
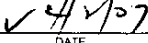

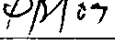
FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90113 033 ****50.00

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03262007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000089591			
1. Entity Name C & B, LLC			
Principal Place of Business 1312 LORI DRIVE SPRING HILL, FL 34606 US		Mailing Address 1312 LORI DRIVE SPRING HILL, FL 34606 US	
2. Principal Place of Business - No P.O. Box # 10222 Yale Ave		3. Mailing Address 10222 Yale Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brooksville, FL		City & State Brooksville, FL	
Zip 34613		Zip 34613	
Country USA		Country USA	
4. FEI Number 20-2900319		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNAG, JOEL M 1312 LORI DRIVE SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10222 Yale Ave City Brooksville FL Zip Code 34613	
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 		DATE 	
Signature, typed or printed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNAG, CLEMENTE P 1312 LORI DRIVE SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10222 Yale Ave. Brooksville, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: 		Date  Daytime Phone # 702-650 1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			