2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2008
Secretary of State

DOCUMENT# L05000011219

Entity Name: C & G INVESTMENTS, LLC

Current Principal Place of Business:

213 HOMESTRETCH BLVD.
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

213 HOMESTRETCH BLVD.
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 20-4394286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELUCA, CYNTHIA M MRS.
633 WESTCHESTER DRIVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

DELUCA, CYNTHIA M MRS.
213 HOMESTRETCH BLVD
DELAND, FL 32724 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: CYNTHIA DELUCA 01/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DELUCA, CYNTHIA M MRS.
Address: 633 WESTCHESTER DRIVE
City-St-Zip: DELAND, FL 32724 US

Title: MGR ( ) Delete
Name: DELUCA, GENNARO S MR.
Address: 633 WESTCHESTER DRIVE
City-St-Zip: DELAND, FL 32724 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DELUCA, CYNTHIA M MRS.
Address: 213 HOMESTRETCH BLVD
City-St-Zip: DELAND, FL 32724 US

Title: MGR (X) Change ( ) Addition
Name: DELUCA, GENNARO S MR.
Address: 213 HOMESTRETCH BLVD
City-St-Zip: DELAND, FL 32724 US

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

SIGNATURE: CYNTHIA DELUCA RA 01/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date