

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90109 033 \*\*\*\*50.00

**DOCUMENT # L05000031676**

1. Entity Name

**C & M PROPERTIES, LLC**



Principal Place of Business

**2862 DAVID WALKER DRIVE  
EUSTIS FL 32726**

Mailing Address

**2862 DAVID WALKER DRIVE  
EUSTIS FL 32726**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-3234402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**CURRY, PATRICIA T  
2862 DAVID WALKER DRIVE  
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>VERNON MCANINCH</b>
CITY-ST-ZIP	<b>2862 DAVID WALKER DRIVE EUSTIS FL 32726</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>ROBERT E. CURRY</b>
CITY-ST-ZIP	<b>2862 DAVID WALKER DRIVE EUSTIS, FL 32726</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>PATRICIA T. CURRY</b>
CITY-ST-ZIP	<b>2862 DAVID WALKER DR. EUSTIS, FL 32726</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Patricia T. Curry* **Patricia T. Curry** **9 Feb 06** **352-343-9322**

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

Date

Daytime Phone #