


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90178 031 \*\*\*\*50.00

<b>DOCUMENT # L05000052510</b>			
1. Entity Name C&E LANDHOLDINGS/MARION, LLC			
Principal Place of Business 11300 U.S. HIGHWAY 301 NORTH PARRISH, FL 34219		Mailing Address 11300 U.S. HIGHWAY 301 NORTH PARRISH, FL 34219	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSSELL, JEFFERY S 240 SOUTH PINEAPPLE AVE., 9TH FLOOR SARASOTA, FL 34236		Name <i>Mikevic, Jr., Edward L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>11300 US Highway 301 North</i> City <i>Parrish</i> FL Zip Code <i>34219</i>	
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 <i>Edward L. Mikevic Jr.</i>		DATE <i>1-24-06</i>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mgr., D. Edward L. Mikevic Jr. 11300 US Highway 301 North Parrish, FL 34219</i> <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
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: <i>Edward L. Mikevic Jr.</i>		DATE: <i>1-24-06</i> (941) 776-1252	
SIGNATURE (PRINTED OR TYPED NAME OF SIGNING MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE)		Date Daytime Phone #	