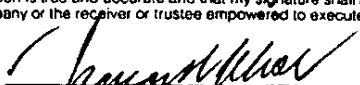


FILED
Feb 14, 2007 8:00 am
Secretary of State

01-17-2007 90047 028 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000054082			
1. Entity Name C&L, LLC			
Principal Place of Business 4549 SADDLEWORTH CIRCLE ORLANDO, FL 32826		Mailing Address 4549 SADDLEWORTH CIRCLE ORLANDO, FL 32826	
2. Principal Place of Business - No P.O. Box # 716 N. DEAN RD		3. Mailing Address 716 N. DEAN RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32825		Zip 32825	
Country USA		Country USA	
4. FEI Number 13-4308661		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		01042007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent NGUYEN, VAN M 4549 SADDLEWORTH CIRCLE ORLANDO, FL 32826		7. Name and Address of New Registered Agent Name KHOI A. TRAN aka THICH NHAT TRI Street Address (P.O. Box Number is Not Acceptable) 716 N DEAN Rd City Orlando, FL Zip Code 32825	
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 1/4/07	
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	MGR NGUYEN, VAN M 4549 SADDLEWORTH CIRCLE ORLANDO, FL 32826 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KHOI A. TRAN (President) ☐ Change ☒ Addition 716 N DEAN Rd ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 1/4/07 (407) 271-7262	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	