

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078792

Entity Name: C & B ENTERPRISES, LLC

FILED
Apr 15, 2007
Secretary of State

Current Principal Place of Business:

280 WEST CANTON AVE,
SUITE 110
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

280 WEST CANTON AVE,
SUITE 110
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 20-3367910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASE, CHRIS
280 WEST CANTON AVE
SUITE 110
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GASE, CHRISTOPHER R
Address: 280 WEST CANTON AVE, SUITE 110
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM () Delete
Name: GASE, ELIZABETH L
Address: 280 WEST CANTON AVE., SUITE 110
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM () Delete
Name: GASE, JAMES E
Address: 280 WEST CANTON AVE., SUITE 110
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER R GASE

MGR

04/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date