


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000080156		
1. Entity Name C/B HOLDINGS, LLC		

FILED

07 AUG 28 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1435 PIEDMONT DRIVE EAST, SUITE 214 TALLAHASSEE, FL 32308	Mailing Address 1435 PIEDMONT DRIVE EAST, SUITE 214 TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 1978 8th Ave NW Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3343 Suite, Apt. #, etc.
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08272007 Chg-LLC CR2E083 (12/06)

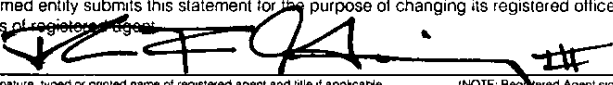
City & State Hickory NC Zip 28601 Country USA	City & State Hickory NC Zip 28603 Country USA
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4. FEI Number 20-3312612	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JOHN F. GILROY, III, P.A. 1435 PIEDMONT DRIVE EAST, SUITE 214 TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1435 East Piedmont Drive Suite 215 City FL Zip Code
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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.

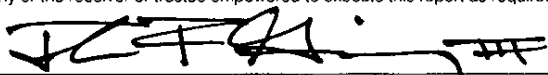
SIGNATURE  # DATE 8/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JONES, DAVID S 46 THIRD STREET NW HICKORY, NC 28601 <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

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 8/27/07 (850) 385-1368

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