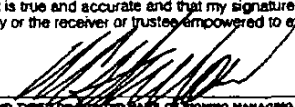


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/13/2006-90046-014-550.00-550.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:04

DOCUMENT # L05000084083 1. Entity Name C&C, L.L.C.					
Principal Place of Business 1804 GLENCOE ROAD LYNN HAVEN, FL 32444			Mailing Address P. O. BOX 2041 PANAMA CITY, FL 32402		
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 20-4632285	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, ROWLETT W 833 HARRISON AVENUE PANAMA CITY, FL 32401			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HARLOW, W C 1804 GLENCOE ROAD LYNN HAVEN, FL 32444	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HARLOW, W. CLARK 1311 HAROLD STREET HOUSTON, TX 77006	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE 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 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:  W.C. HARLOW MANAGER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 9-3-06 785-2919 Daytime Phone #	