

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085736

FILED
Feb 15, 2006
Secretary of State

Entity Name: C T HOLDINGS, LLC

Current Principal Place of Business:

CATHY A. ALBERT
364 LAS PALMAS ST.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

CATHY A. ALBERT
364 LAS PALMAS ST.
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 59-3816764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT, CATHY A
364 LAS PALMAS ST.
ROYAL PALM BEACH, FL 33411 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: MGRM () Delete
Name: ALBERT, CATHY A
Address: 364 LAS PALMAS ST.
City-St-Zip: ROYAL PALMS, FL 33411

Title: MGRM () Delete
Name: ALBERT, THOMAS J
Address: 364 LAS PALMAS ST.
City-St-Zip: ROYAL PALMS, FL 33411

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALBERT, CATHY A
Address: 364 LAS PALMAS ST.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM (X) Change () Addition
Name: ALBERT, THOMAS J
Address: 364 LAS PALMAS ST.
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: CATHY ALBERT

MGRM

02/15/2006

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