
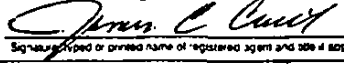



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-10-2006 90035 037 ****50.00

DOCUMENT # L05000094623					
1. Entity Name CC & D PROPERTIES, LLC					
Principal Place of Business 1536 KINGSLEY AVENUE, SUITE 124 ORANGE PARK, FL 32073			Mailing Address 1536 KINGSLEY AVENUE, SUITE 124 ORANGE PARK, FL 32073		
2. Principal Place of Business 151-14 College Drive			3. Mailing Address 151-14 College Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orange Park, FL			City & State Orange Park, FL		
Zip 32065	Country U.S.A.	Zip 32065	Country U.S.A.	4. FEI Number 20-3569918	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRIBB, JAMES C 1536 KINGSLEY AVENUE, SUITE 124 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name James C. Cribb Street Address (P.O. Box Number is Not Acceptable) 151-14 College Drive City Orange Park FL Zip Code 32065		
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  Manager			DATE 3/25/2006		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRIBB, JAMES C 2788 PACES FERRY ROAD S. ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Member Cribb, Kathryn A. 2788 Paces Ferry Road S. Orange Park, FL 32073 <input type="checkbox"/> Change <input checked="" 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		
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		
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:  Manager			DATE 3/25/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		