2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State
05-08-2006 90041 009 ****50.00

DOCUMENT # L05000100173

1. Entity Name
C&M FINANCIAL LLC.

Principal Place of Business	Mailing Address
1813 NEWBURY CT HARVEY LA 70058	1813 NEWBURY CT HARVEY LA 70058

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1348 WASHINGTON AVE	1348 WASHINGTON AVE
Suite, Apt. #, etc. 371	Suite, Apt. #, etc. 371
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country DADE	Zip 33139 Country DADE

4. FEI Number 55 0906510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, GREG
1348 WASHINGTON AVE, STE 371
MIAMI BEACH FL 33139

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 GREG CARR 4/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☒ Delete
NAME	T&A PRODUCTIONS LLC.	
STREET ADDRESS	1813 NEWBURY CT.	
CITY-ST-ZIP	HARVEY LA 70058	
TITLE	MGRM	☐ Delete
NAME	CARR, GREG	
STREET ADDRESS	1348 WASHINGTON AVE, STE 371	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 Section 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: [signature] MEMBER 4/26/06 1-504-256-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #