

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90132 022 \*\*\*\*55.00

DOCUMENT # L05000117658

1. Entity Name  
C & D LIMITED, LLC



Principal Place of Business  
605 BELVEDERE ROAD, SUITE 15  
WEST PALM BEACH, FL 33405-1234

Mailing Address  
605 BELVEDERE ROAD, SUITE 15  
WEST PALM BEACH, FL 33405-1234

20000790



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
43-2093293

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARNS, DEAN L  
805 E MARBELLA LN  
LANTANA, FL 33462

Name

Street Address (P.O. Box Number is Not Acceptable)

804 E. MARBELLA LN

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KARNS, DEAN L  
804 E MARBELLA LN  
LANTANA, FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BALDWIN, CARL L JR.  
7888 140TH AVE N  
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ 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: Dean Karns MGR. DEAN L. KARNS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/8/07 (561) 805-7528  
Date Daytime Phone #