


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000072513 1. Entity Name C & D HOLDINGS, LLC |  |
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| Principal Place of Business 795 12TH AVE. SW VERO BEACH, FL 32962 | Mailing Address 795 12TH AVE. SW VERO BEACH, FL 32962 |
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| DO NOT WRITE IN THIS SPACE |
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02052007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 42-1715749 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FEE, FRANK H III ESQ 500 VIRGINIA AVENUE SUITE 200 FORT PIERCE, FL 34982 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMITH, CHRISTOPHER 795-12TH AVENUE S.E. VERO BEACH, FL 32962 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCOTT, DAN C 9406 BURNING LANE FORT PIERCE, FL 34951 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <p>U00000656553 03/14/07-80031-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 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:  3-1-07 772-562-5789 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |