2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000106859

Entity Name: C2R INVESTORS LLC

Current Principal Place of Business:

13758 CLUB COVE DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13758 CLUB COVE DR
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-5524394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CERON-CANAS, LOURDES C
13758 CLUB COVE DR
JACKSONVILLE, FL 32225 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:	LOURDES CAROLINA CER, ON-CANAS	
Address:	13758 CLUB COVE DR	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	MGRM	( ) Delete
Name:	WEEDER, RADHA	
Address:	1912 CREEKSIDE CIRCLE	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	MGRM	( ) Delete
Name:	PAROT, CELINE M	
Address:	4527 REEDBARK LN	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: LOURDES CAROLINA CERON-CANAS MGR 04/30/2008

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