

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082379

FILED
Apr 09, 2008
Secretary of State

Entity Name: C & M REAL ESTATE ENTERPRISES, LLC

Current Principal Place of Business:

2730 US 1 SOUTH, SUITE A
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2730 US 1 SOUTH, SUITE A
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, CHARLES E
77 ALMERIA STREET
ST. AUGUSTINE, FL 32084 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: DICKEY, CHARLES E
Address: 10420 DEERFOOT LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: SMOCK, MICHAEL E
Address: 200 TRAPPER TRACE COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SMOCK, MICHAEL E
Address: 200 TRAPPER TRACE COURT
City-St-Zip: ST. JOHNS, FL 32259

Title: MGRM () Change (X) Addition
Name: WILLIAMS, TROY W
Address: 169 SOUTHERN BAY DR.
City-St-Zip: ST. JOHNS, FL 32259

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: TROY WILLIAMS

MGRM

04/09/2008

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