2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107936

COOK, ANT JE

LITHIA, FL 33547

6104 GANNETSIDE PLACE

Name:

Address:

City-St-Zip:

Entity Name: C & R CAPITAL VENTURES, LLC

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6104 GANNETSIDE PLACE LITHIA, FL 33547 **Current Mailing Address: New Mailing Address:** 6104 GANNETSIDE PLACE LITHIA, FL 33547 FEI Number: 61-1541745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOK, ANT JE 6104 GANNETSIDE PLACE LITHIA, FL 33547 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COOK, WESLEY A Name: Name: Address: 6104 GANNETSIDE PLACE Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ROJEK, ANTHONY Name: Address: 1528 CROOKED STICK DRIVE Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROJEK, TERESA Name: Name: 1528 CROOKED STICK DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTJE COOK MGRM 03/04/2009