

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003652

1. Entity Name
C.T.C. PROPERTIES, L.C.



Principal Place of Business
P.O. BOX 1208
BOCA RATON, FL 33429

Mailing Address
P.O. BOX 1208
BOCA RATON, FL 33429

DO NOT WRITE IN THIS SPACE



01052004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0930669

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, RICHARD L
14339 SMITH SUNDY RD
DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BOWMAN, RICHARD E
ROUTE 1, BOX 295
DELRAY BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SNOW, JEFF
781 SW 2ND ST
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KNIGHT, JAMES W
740 HAVANA DRIVE
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/17/04-80014-005 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jeff Snow

2/13/04 (561) 392-5586

Date

Daytime Phone #