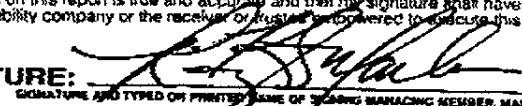


FROM : SoundWave Audio&HomeTheater

FAX NO. : 321 757 3120

Feb. 25 2004 03:16PM P2

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)****FILED**
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001065			
1. Entity Name C & C AUDIO CREATIONS LLC			
Principal Place of Business 2447 N WICKHAM RD BOX 110 MELBOURNE FL 32935		Mailing Address 1607 DERBY LN MELBOURNE FL 32935	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FC1 Number 75-2970367		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKINNON, ROBERT K 1607 DERBY LN MELBOURNE FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 03/25/04	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CASCIAO, RALPH 16868 W. 65TH CIR. ARVADA CO 80007 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition UN00000085524 03/11/04-80050-021 50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MACKINNON, ROBERT K 1607 DERBY LN MELBOURNE FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CRITZER, SCOTT 1140 COCKRELL DR. KENNESAW GA 30152 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE 03/25/04 321-757-3608	
SIGNATURE AND TYPED OR PRINTED NAME OF SEEDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	