2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)					FILED			
DOCUMENT # L00000009821 1. Entity Name					Í	Secretary	08:00 AN of State	Л
CB AT G	ARDENGATE, LLC					·		
Principal Place of Business		Mailing Address						
3822 W. 12TH AVENUE HIALEAH FL 33012		3822 W. 12TH AVENUE HIALEAH FL 33012		1	33) 25 30 32 32 35 35 35 35 35 35 35 35 35 35 35 35 35	8))) ##1:1# 1#1:1# (1##) (1##)	18881 311 1888 18881 311 1888	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE CR	2E083 (11/03)		
City & State		City & State			4. FEI Nun	65-104 44 49		plied For t Applicable
Zip Country		Zip Coul		stry 5. Cert		ate of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name a	nd Address of New Regist	ered Agent	
MARTIN, PEDRO A				svarne				
122	1 BRICKELL AVE., SUITE 21 MI FL 33131	00	-	Street Address (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 Signature, typos or printed name of registered agent and talls if applicable (NOTE, Registered Agent signature required when reinstating) DATE								
		Make Check Payabl	e to Flo	EE IS \$50.00 rida Departme / 1, 2004	nt of State			
9.	MANAGING MEMBE		10.			ADDITIONS/CHA	NGES	
TIBLE	MGRM	MGRM □ Delete					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	CAYON, MAURICE 3822 W. 12TH AVENUE HIALEAH FL 33012		NAME STREET CITY-S	ADDRESS ST-ZIP		U0000004243 02/10/04-80024	17 1-007 50.00	. :T. -
TITLE	MGRM	☐ Defete R					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	2901 SW 8TH ST., SUITE 204		NAME STREET CITY-S	ADDRESS				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS ST-ZIP				
TITLE		☐ Delete	MLE				☐ Change	☐ Addition
NAME STREET AUDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY S	1				
TETLE NAME	C Defets		tetle Name				☐ Change	Addition
STREET ADDRESS				ADORESS				
CITY - S1 - Z3P			CHTY-S	5T - ZIP				
TITLE		☐ Belete	TITLE		-	= -	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	3			_	
11. I hereby certify that the information supplied with this filling 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.								
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2028-736-205