2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000021396

1. Entity Name CG MIC LLC



May 03, 2006 8:00 am Secretary of State

05-03-2006 90036 022 ****50.00

FILED

Principal Place of Business

C/O JOEL B. GILES, ESQ 200 CENTRAL AVE, STE 2300 ST PETERSBURG, FL 33701 Mailing Address

C/O JOEL B. GILES, ESQ 200 CENTRAL AVE, STE 2300 ST PETERSBURG, FL 33701



05012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2379277

Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736

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	The above named entity submits this statement for the purpose of changi the obligations of registered agent.	ng its registered office or registered agent, or b	ooth, in the State of Florida.	I am familiar with, and accep
SIG	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	ε	DATE

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNEEL, VAN L 5401 W. KENNEDY BLVD., SUITE 751 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Monitone Onesony D. MORRIS

4/30/06

727-576-6424

Daytime P