


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90023 026 ****50.00

DOCUMENT # L03000035579

1. Entity Name
CGL INVESTMENTS, LLC



Principal Place of Business Mailing Address

**1947 BLACK LAKE BOULEVARD
WINTER GARDEN FL 34787
US** **1947 BLACK LAKE BOULEVARD
WINTER GARDEN FL 34787
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/05)

26-0071471

44-2047524

Applied For
Not Applicable



6. Name and Address of Current Registered Agent

**CHESNUT, BERT
1947 BLACK LAKE BOULEVARD
WINTER GARDEN FL 34787**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GROSS, CHARLES N JR.	
STREET ADDRESS	25 EAST 17TH STREET	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GROSS, CHARLES N III	
STREET ADDRESS	25 EAST 17TH STREET	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VENTURE HOLDINGS, INC.	
STREET ADDRESS	1947 BLACK LAKE BOULEVARD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LANE, TIMOTHY G	
STREET ADDRESS	3219 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bert Chesnut* **4/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #