


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT #A05000000526</b>					
1. Entity Name FIRST CG PROPERTIES, LTD.					
Principal Place of Business 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801 US			Mailing Address 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  AIRTH, HAL A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	G23570		STREET ADDRESS	900103702959	
NAME	CRF MANAGEMENT CO., INC.		CITY-ST-ZIP	06/01/07--01017--003 **508.75	
STREET ADDRESS	500 SOUTH FLORIDA AVENUE, STE 700		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Jim S. Kelley</i>			4/25/07 863-647-1581		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Jim S. Kelley</i>			Date Daytime Phone #		

FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312007 Chg-LP CR2E003 (12/06)

4. FEI Number  
20-2493205

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

STAPLE CHECK HERE