

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000003127

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CG GROUP, L.L.C.

Current Principal Place of Business:

2062 BLUE VIEW CT
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2062 BLUE VIEW CT
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3612020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDWIG, PAMELA E
2062 BLUE VIEW CT
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LUDWIG, PAMELA
Address: 2062 BLUE VIE CT.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: POE, GARY D
Address: 2062 BLUE VIEW CT.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: EDMONSON, ANDREW
Address: 220 ENGERT RD.
City-St-Zip: KNOXVILLE, TN 37922

Title: MGRM () Delete
Name: WELSH, TIM
Address: 875 FROG POND RD.
City-St-Zip: HIAWASSEE, GA 30546

Title: MGRM () Delete
Name: CHURCHILL, NANCY
Address: 227 TREE CREEK PKWY.
City-St-Zip: LAWRENCEVILLE, GA 30043

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAMELA LUDWIG

MGRM

04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date