2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# L00000003127

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 06/30/2004

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