

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000004613

1. Entity Name  
CGC PROPERTIES, L.L.C.



Principal Place of Business  
3011 ROCK ISLAND RD  
MARGATE, FL 33063

Mailing Address  
1948 WOODLAKE TERRACE  
DEERFIELD BEACH, FL 33442

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**



03312004No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1005200

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

REINSTEIN, JOEL  
925 S FEDERAL HWY  
SUITE 325  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000122843

04/21/04-80046-003 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
VALASSIS, NANCY P  
1948 WOOD LAKE TERRACE  
DEERFIELD BEACH, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
MARTINEZ, MARTY  
3011 ROCK ISLAND ROAD  
MARGATE, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 605, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-16-04