

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004693

1. Entity Name
CGC REALTY, LLC



Principal Place of Business
1600 N.W. 163 STREET
MIAMI, FL 33169

Mailing Address
1600 N.W. 163 STREET
MIAMI, FL 33169



01072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1005209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIF, EVAN D
2800 PONCE DE LEON BLVD., SUITE 1125
CORAL GABLES, FL 33134

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHAPLIN, WAYNE E
2800 PONCE DE LEON BLVD., #1125
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000230615
02/15/05-80050-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE: _____

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

2-10-05

305-625-4171

Date

Daytime Phone #