2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 02-25-2005 90023 043 ****50.00 **DOCUMENT # L00000006834** 1. Entity Name CNG, LLC 20012808 Principal Place of Business Mailing Address **25 E. 17TH STREET 25 E. 17TH STREET** SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0679082 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GROSS, CHARLES N III DO NOT WRITE 25 E. 17TH STREET SAINT CLOUD, FL 34769 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE GROSS, C. N JR. NAME STREET ADDRESS 20 NORTH EOLA DRIVE CITY-ST-ZIP ORLANDO, FL 32801 MGRM 🐍 TITLE GROSS, C. N JR. NAME STREET ADDRESS 25 E. 17TH STREET -CITY-ST-ZIP SAINT CLOUD, FL 34769 TITLE NAME ... STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS

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 608, Florida Statutes.

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

FILED Feb 25, 2005 8:00 am