2004 LIMITED LIABILITY COMPANY

	ANNUAL	REPURI (AR	<u> </u>			1				
DOCU 1. Entity Nam	MENT # L00000008									
C G & G REAL ESTATE, L.L.C.							m. 1			
Principal Place of Business Mailing Address						04 APR 2	MA I	וחי הר		
4855 27TH ST W 4855 27TH ST V						O4 AFN Z	. г. АП	10.02		
BRADENTON FL 34207 BRADENTON FL 34207			07			SECKLIA	RY OF	STAIL		
					l III		iki A Fulf	in Official st		
2: Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE	CR2E083	3 (11/03)		
City & State		City & State			4. FEI Numi	^{per} 65-1028699)		plied For	
Zip Country		Zip Coun		try				\$5.00 Add	t Applicable	
				5. Certificate of Stat			Fee Required			
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
CABLISHI, HOMER G III				Name						
4855 27TH ST. W				Street Address (P.O. Box Number is Not Acceptable)						
BRADENTON FL 34207										
				City				Tio Code		
				•			FL	Zip Code		
The above the obligat	named entity submits this statementions of registered agent.	t for the purpose of changing it	s registere	ed office or register	ed agent, or b	oth, in the State of Flo	rida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)		DATE			
		FILE N	OW!!! I	EE IS \$50.00						
		Make Check Payal			nt of State					
		Dı	e By Ma	y 1, 2004						
9.	MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	H. CABLISH, C.P.A., P.A. 14855 27TH ST. W			E ET ADDRESS	5	<mark>000334</mark> 1/0401027-	116	65	ļ	
CITY-ST-ZIP				-ST-ZIP	04/2:	1/0401027-	-021	**550.0	0	
TITLE	MGR Delete TITL							☐ Change	☐ Addition	
NAME	JAMES D. GENTILE, P.A.									
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE	Delete IIII.							☐ Change	☐ Addition	
NAME		_ Solcie	NAM	1				Ontange	Addison	
STREET ADDRESS				ET ADDRESS					}	
CITY-ST-ZIP		years _		-ST-ZIP						
TITLE NAME		Delete	TITLE NAM					Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	E Et address						
CITY-ST-ZIP			1	-ST-ZIP					1	
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
	entify that the information supplied a	with this filing does not qualify for			ction 119 07/2	Vi) Florida Statutas I	further con	tify that the in	formation	
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: SIGNATURE AND TARED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE Daving Phone #										
	SIGNATURE ARD THESE SHIPKINTED NAM	L OF ORGINIO MANAGING MEMBER, M.	HINDEH, UR	AU INDRIZED REPRESE	TIBLINE	Date	D	aytime Phone #		