2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90064 045 ****50.00

DOCUMENT# L00000010876

1. EntityName
CGREALESTATE,LLC

PrincipalPlaceofBusiness	MailingAddress
1925 BRICKELL AVENUE BRICKELL PLACE CONDOMINIUM, SUITED D-206 MIAMI, FL 33129	1925 BRICKELL AVENUE BRICKELL PLACE CONDOMINIUM, SUITED D-206 MIAMI, FL 33129

02162004 Chg-LLC CR2E083(10/03)

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 65-1043848 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
ROGERBESU,P.A. 1925BRICKELLAVENUE BRICKELLPLACECONDOMINIUM,SUITEDD-206 MIAMI,FL33129	Name Miami Corporate Registry StreetAddress (P.O.BoxNumberisNotAcceptable) 1925 Brickell Ave. D206 City Miami FL ZipCode 33129

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent. Miami Corporate Registry

SIGNATURE By [signature] Roger Besu 4-26-04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR FERNANDEZ,JOSED 1925BRICKELLAVENUE MIAMI,FL33129	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformationindicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: [signature] 4-26-04 305-854-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#