

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012484

1. Entity Name
CGI L.L.C.



Principal Place of Business
150 SE 2ND AVE., SUITE 609
MIAMI, FL 33131

Mailing Address
150 SE 2ND AVE., SUITE 609
MIAMI, FL 33131



06292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1157200

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLMAN, YVEOLI & ALBRIGHT, P.L.
ATTN: EDWARD YEVOLI, ESQ.
1500 NORTH FEDERAL HIGHWAY, SUITE 250
FORT LAUDERDALE, FL 33304

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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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KASSIN-TESSONE, SALOMON
STREET ADDRESS	150 SE 2ND AVE., SUITE 609
CITY-ST-ZIP	MIAMI, FL 33131
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	

U000000371045
07/06/05-80008-012 50.00

U000000371045
07/06/05-80008-013 5.00

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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)(f), 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Sabmon Kassin-Tessone

6/29/05 (325) 810-2740 x21

Date

Daytime Phone #