

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002227

Entity Name: C.G.R.M., LLC

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

9131 COLLEGE PKWY, STE 1
FORT MYERS, FL 33919

New Principal Place of Business:

9131 COLLEGE PKWY
STE 8
FORT MYERS, FL 33919

Current Mailing Address:

2390 MAURITANIA ROAD
PORT CHARLOTTE, FL 33948

New Mailing Address:

2390 MAURITANIA ROAD
PUNTA GORDA, FL 33983

FEI Number: 65-1134004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSSKREUTZ, CARL E
2390 MAURITANIA ROAD
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

GROSSKREUTZ, LAURA S
2390 MAURITANIA ROAD
PUNTA GORDA, FL 33983 US

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.

SIGNATURE: LAURA S. GROSSKREUTZ

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROSSKREUTZ, CARL E MGRM
Address: 2390 MAURITANIA ROAD
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST/M () Change (X) Addition
Name: GROSSKREUTZ, LAURA S ST/M
Address: 2390 MAURITANIA RD.
City-St-Zip: PUNTA GORDA, FL 33983 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA S. GROSSKREUTZ

ST

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date