

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90079 004 \*\*\*\*50.00

<b>DOCUMENT # L01000004052</b> 1. Entity Name <b>CG COACH COMPANY, LLC</b>																													
Principal Place of Business <b>850 SW MARTIN DOWNS BLVD</b> <b>PALM CITY, FL 34990</b>			Mailing Address <del>P.O. BOX 359</del> <b>STUART, FL 34995</b>																										
2. Principal Place of Business <b>1820 NE Jensen Beach Bl.</b> Suite, Apt. #, etc. <b>#536</b> City & State <b>Jensen Beach FL</b> Zip <b>34957</b>		3. Mailing Address <b>1820 NE Jensen Beach Bl.</b> Suite, Apt. #, etc. <b>#536</b> City & State <b>Jensen Beach FL</b> Zip <b>34957</b>																											
4. FEI Number <b>65-1097736</b>		07082006 Chg-LLC CR2E083 (11/05)																											
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>O'DONNELL, CHAR</b> <b>850 SW MARTIN DOWNS BLVD</b> <b>PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name <b>Char O'Donnell</b> Street Address (P.O. Box Number is Not Acceptable) <b>4055 NW Deer Oak Drive</b> City <b>Jensen Beach</b> <b>FL</b> Zip Code <b>34957</b>																										
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 <b>Char O'Donnell</b> <span style="float: right;">7-10-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'DONNELL, CHAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>P.O. BOX 359</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>STUART, FL 34995</del></td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	O'DONNELL, CHAR		STREET ADDRESS	<del>P.O. BOX 359</del>		CITY-ST-ZIP	<del>STUART, FL 34995</del>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Char O'Donnell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4055 NW Deer Oak Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jensen Beach, FL 34957</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Char O'Donnell		STREET ADDRESS	4055 NW Deer Oak Drive		CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	MGRM	<input type="checkbox"/> Delete																											
NAME	O'DONNELL, CHAR																												
STREET ADDRESS	<del>P.O. BOX 359</del>																												
CITY-ST-ZIP	<del>STUART, FL 34995</del>																												
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Char O'Donnell																												
STREET ADDRESS	4055 NW Deer Oak Drive																												
CITY-ST-ZIP	Jensen Beach, FL 34957																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Char O'Donnell</b>			7-10-06 772-692-8772																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													