2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # L01000018637** 04-29-2004 90063 002 ****50.00 CARMEL DEVELOPMENT LLC Mailing Address Principal Place of Business 4265 QUECHUA ROAD 4265 QUECHUA ROAD **~** ヌ ひ ひ ひ ひ ひ ひ ひ PORT ST. JOHN, FL 32927 PORT ST. JOHN, FL 32927 2. Principal Place of Business 3. Mailing Address 3740 CURTISB/W 3740 Curti Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 Chg-LLC CR2E083 (10/03) #777 112 Applied For City & State City & State 4. FEI Number PORT ST JSG' 59-3755278 Not Applicable Counti \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YUSEM, MELVYN R 4265 QUECHUA ROAD PORT ST. JOHN, FL 32927 ne purpose of changing its registered State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of enistered agent. CCG SIGNATURE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. m6Rm TITLE MGRM ☐ Delete TITLE Change ☐ Addition YUSEM, MELVYN R NAME NAME 740 ciretis Blvd #112 4265 QUECHUG ROAD STREET ADDRESS STREET ADDRESS 17, NHOC TZ TAGA CITY-ST-ZIP PORT ST JOHN, FL 32927 CITY-ST-ZIP 31927 MGRM ☐ Delete TITLE Change ■ Addition CG HOLDINGS C.C.G. HOLDINGS, INC NAME NAME 3740 CURKS BWd +112 4265 QUECHUG ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST JOHN, FL 32927 CITY-ST-ZIP ADRT ST JOHN, PZ TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eceiver or trustee of powered to execute this report as required by Chapter 608. Florida Statutes. MTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE: Daytime Phone